L24 000 435 698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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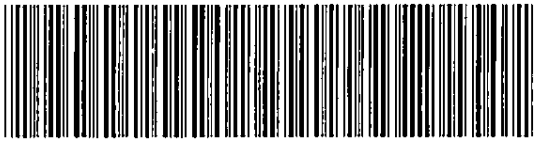

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24 NOV 26 AM 11:41

Miguel Alejandro Jorge Gallardo

(904) 933-6658

MIGUELAJORGEGALLARDO@GMAIL.COM

9480 Princeton Square Blvd. S. Apt. 2302

Jacksonville, FL 32256.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GALLARDOS & CO. LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL ALEJANDRO JORGE GALLARDO
Name of Person

THE GALLARDOS & CO. LLC
Firm/Company

9480 PRINCETON SQUARE BOULEVARD SOUTH, APT 2302
Address

JACKSONVILLE, FL 32256
City/State and Zip Code

MIGUELAJORGEGALLARDO@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL ALEJANDRO JORGE GALLARDO at (904) 933-6658
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $25.00 Filing Fee
- $30.00 Filing Fee & Certificate of Status
- $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE GALLARDOS & CO. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/10/2024 and assigned Florida document number L24000435698.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

FILED
24 NOV 26 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MIGUEL ALEJANDRO JORGE GALLARDO

New Registered Office Address: 9480 PRINCETON SQUARE BLVD S APT 2302
(Enter Florida street address)

JACKSONVILLE, Florida 32256
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR - Manager
AMBR - Authorized Member

Title	Name	Address	Type of Action
MGR	MIGUEL A. JORGE GALLARDO	9480 PRINCETON SQUARE BLVD S APT 2302	■ Add
		JACKSONVILLE, FL 32256	Remove
			Change
MGR	MIGUEL M. JORGE GALLARDO	9480 PRINCETON SQUARE BLVD S APT 2302	Add
		JACKSONVILLE, FL 32256	■ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I MADE A MISTAKE WHEN TYPING, AND INSTEAD OF WRITING MY NAME AS MIGUEL ALEJADRO JORGE GALLARDO, I DID IT AS MIGUEL M. JORGE GALLARDO. I AM THE OWNER, MANAGER AND . AND WOULD LIKE MY NAME TO BE FIXED EVERYWHERE MY NAME SHOULD APPEAR. I HAVE ATTACHED TO THIS FORM A PHOTOCOPY OF MY ID. THANKS IN ADVANCE FOR YOUR HELP.

E. **Effective date, if other than the date of filing:** 10/10/2024 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605-0207 (5)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date but no effective time, it will become effective at 12:01 a.m. on the earliest of: the 90th day after the record is filed;

Dated November 14 TH, 2024

Signature of member or authorized representative of a member

MIGUEL ALEJANDRO JORGE GALLARDO

Typed or printed name of signee

Filing Fee: $25.00


Florida
TEMPORARY
DRIVER LICENSE
USA
J622-541-97-206-0
CLASS E
JORGE GALLARDO
MIGUEL ALEJANDRO
567 TIMBER TRACE CT
ORANGE PARK, FL 32073
DOB 06/06/1997
SEX M
EXP 04/13/2025
HGT 5'-10"
REST B
END NONE
DONOR
SAFE DRIVER
ISS 04/26/2023
Operation of a motor vehicle constitutes
consent to any sobriety test required by law