L15000 140287

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entry Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of Co | | | |
|----------------------------|---|---|--|
| THE BUN SUBJECT: | GALEAUX CENTRAL, LLC | | |
| 30 0 3EC1. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | LILI M ORY | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 2635 CENTRAL AVENU | E | |
| | ST PETERSBURG, FL 3 | Address | |
| | - STIETERSBURG, PL 3 | City/State and Zip Code | |
| | THEBUNGALEAUX@GM | IAIL.COM | |
| From Combination Comments | | to be used for future annual report notifi | ication) |
| | concerning this matter, please co | и; | |
| LILI M ORY | | 727 317-5667 at () | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Light) | lity Company of it and | anda) |
|--|--|----------------------------------|
| (A Florid | la Limited Liability Company) | iras.) |
| The Articles of Organization for this Limited Liability (Florida document number L15000140287 | Company were filed on <u>08/17/2015</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | number L15000140287 s submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." pal offices address if applicable: address MUST BE A STREET ADDRESS) ag address, if applicable: MAY BE A POST OFFICE BOX) g the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: New Registered Agent: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address if applicable: | · | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| | | 9 25 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2 395 |
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| | | ω z |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | rds, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Enter Florida street address | | |
| | | Florida |
| | 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|---------------------|----------------|
| MGR | JUDITH SMITH | 13470 102ND TERRACE | |
| | | LARGO, FL 33774 | Remove |
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| ffective date, if other than the date | e of filing: OCTOBER 1, 2016 specific and cannot be prior to date of filing or does not meet the applicable statutory filing | | |
| | tment of State's records. | | |
| ote: If the date inserted in this block on the Depart of the Depart | fective date, but not an effective | time, at 12:01 a.m. on the ea | |
| ote: If the date inserted in this block occument's effective date on the Depart e record specifies a delayed eff The 90th day after the record SEPTEMBER 27 | fective date, but not an effective | time, at 12:01 a.m. on the eact | |
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| ote: If the date inserted in this block occument's effective date on the Depart e record specifies a delayed eff The 90th day after the record SEPTEMBER 27 | fective date, but not an effective is filed. | 16 001 -1 | |

Page 3 of 3

Filing Fee: \$25.00