

L15000182.780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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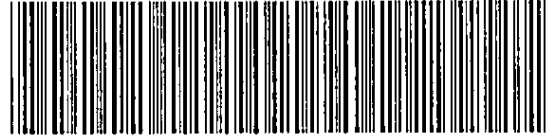
(Business Entity Name)

(Document Number)

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2020 AUG 10 PM 2:57

C. GOLDEN  
AUG 11 2020

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**PICK UP:** 08/07/2020

☐ **CERTIFIED COPY**

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1. GALSKY CONSTRUCTION ENTERPRISES 4, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GALSKY CONSTRUCTION ENTERPRISES 4, 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:

Leslie Alan Rozencwaig, Esq.

\_\_\_\_\_  
Name of Person

Rozencwaig & Nadel, LLP

\_\_\_\_\_  
Firm/Company

301 West Hallandale Beach Blvd

\_\_\_\_\_  
Address

Hallandale Beach/ Florida/ 33009

\_\_\_\_\_  
City/State and Zip Code

entities@rnflaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Alan Rozencwaig, Esq.

\_\_\_\_\_  
Name of Person

954 at ( )

Area Code

455-5100

\_\_\_\_\_  
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**

GALSKY CONSTRUCTION ENTERPRISES 4, LLC

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

2015 MAY 10 PM 2:57

The Articles of Organization for this Limited Liability Company were filed on 11/03/2015 and assigned  
Florida document number L15000186780.

This amendment is submitted to amend the following:

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

N/A

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:**

301 W Hallandale Beach Blvd

**(Principal office address MUST BE A STREET ADDRESS)**

Hallandale Beach

Florida 33009

**Enter new mailing address, if applicable:**

301 W Hallandale Beach Blvd

**(Mailing address MAY BE A POST OFFICE BOX)**

Hallandale Beach

Florida 33009

**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:

New Registered Office Address:

Enter Florida street address

City, **Florida**

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>                   | <u>Type of Action</u>                      |
|--------------|------------------|----------------------------------|--|
| MGR          | HOWARD B. NADEL  | 301 W. Hallandale Beach Blvd     | <input checked="" type="checkbox"/> Add    |
|              |                  | Hallandale Beach, Florida 33009  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
| MGR          | ALEXANDER Galsky | C/o 301 W. Hallandale Beach Blvd | <input checked="" type="checkbox"/> Add    |
|              |                  | Hallandale Beach, FLorida 33009  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
| MGR          | ALBERTO Galsky   | 429 Center Island                | <input type="checkbox"/> Add               |
|              |                  | Golden Beach, FL 33160           | <input checked="" type="checkbox"/> Remove |
|              |                  |                                  | <input type="checkbox"/> Change            |
| MGR          | ABRAHAM Galsky   | 429 Center Island                | <input type="checkbox"/> Add               |
|              |                  | Golden Beach, FL 33160           | <input checked="" type="checkbox"/> Remove |
|              |                  |                                  | <input type="checkbox"/> Change            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |

N/A

**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.

Dated 8-6-2020

Signature of a member or authorized representative of a member

Typed or printed name of signee