A14 0000000231

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

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OS 17 11 JUN 26 2020



June 16, 2020

SHIH WEN HUANG 2809 W KELLY PARK RD APOPKA, FL 32712

SUBJECT: GALOXY INTERNATIONAL LLLP

Ref. Number: A1400000231

We have received your document for GALOXY INTERNATIONAL LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00011856

Octavia L Simmons
Regulatory Specialist II Supervisor

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: <u>Galoxy International LLP</u> Name of Florida Limited Partnership or Limited Liability Limited Partnership					
ıxaı	ne of rigida Limited Pari	nership or Limited Liability	Limited Partnership		
The enclosed Certificate of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Shih WEN HUANG Contact Person					
_Galoxy	International Firm/Company	al LUP			
2809 W. Kelly Park Road					
Apopka FL 327/2 City, State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information	on concerning this ma	tter, please call:			
Ship Jan Huang at (10) 462-8028 Name of Contact Person Area Code and Daytime Telephone Number					
Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount:					
\$ \$52.50 Filing Fee	· ·	□\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee. Certified Copy, and Certificate of Status		
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			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Caloxy Internation file	onal ULP
Insert name currently on file	with Florida Department of State
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certificate of amendment to its	ite was filed with the Florida Department of State on
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lin</u> <u>here</u> :	nited partnership or limited liability limited partnership
New name must be distinguishal Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	
B. If amending mailing address and/or principal principal office address here:	office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. if amending the registered agent and/or registered registered agent and/or the new registered office addr	office address on our records, enter the name of the new ess here:

City

Enter Florida street address

_, Florida _

Name of New Registered Agent:

New Registered Office Address:

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.

If Changing Registered Agent, Signature of New Registered Age	t.

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>		Address	Type of Action
6 <u>P</u>	Li- You	ng Chuang	12809 W Kelly Park Foad	Add Remove
GP	Shihh	Jen Huan	4434 Pino Go Ave Apoker	Add Remove
GP	Chīung	Vi Huang	135 Habersha Dr. longweod FL 32019	Add Remove
				□ Add □ Remove
				□ Add □ Remove
				□ Add □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after State.) Note: If the date inserted in this block does not meet the app be listed as the document's effective date on the Department	
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to signemoving a "limited liability limited partnership" election stawhen adding or removing a "limited liability limited partnership".	atement. Chapter 620, F.S., requires all general partners to sig
Li- Ying Chung	Li Ling Chuang
Signature(s) of all new or dissociating general p	partner(s), if any:
Shih Wen Huana	J.h.
Choung Yo Huang	J= laby
Li-Ymy Cheway	Litaley
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	