

L020000023/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

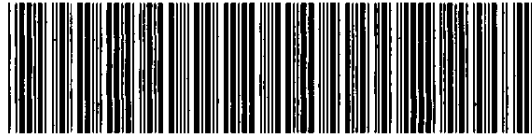
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100164036351

01/15/10--01027--029 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB -2 PM 4:26

FILED

D. BRUCE

FEB. 3 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Galaxy Title Agency, 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:

Lori Mowry

Name of Person

Galaxy Title Agency, LLC

Firm/Company

9735 U.S. Hwy. 19 Ste. A

Address

Port Richey, Fl. 34668

City/State and Zip Code

lorim@kstfl.com

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

For further information concerning this matter, please call:

Lori Mowry

Name of Person

at (727) 862-5003

Area Code & Daytime Telephone Number

FILED
10 FEB -2 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2010

LORI A. MOWRY
9735 U.S. HWY. 19 STE. A
PORT RICHEY, FL 34668

SUBJECT: GALAXY TITLE AGENCY, LLC
Ref. Number: L02000023121

FILED
10 FEB -2 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GALAXY TITLE AGENCY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 010A00001373

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Galaxy Title Agency, 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 September 6, 2002 and assigned
Florida document number L02000023121.

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 end with 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)

Galaxy Title Agency, LLC

9735 U.S. Hwy. 19 Ste. A

Port Richey, Fl. 34668

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Galaxy Title Agency, LLC

9735 U.S. Hwy. 19 Ste. A

Port Richey, Fl. 34668

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

, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

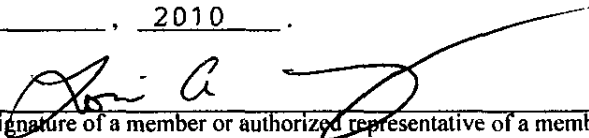
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED
 10 FEB -2 PM 4:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated January 28, 2010.



 Signature of a member or authorized representative of a member

Lori A. Mowry

 Typed or printed name of signee