# L03000002848

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# **COVER LETTER**

TO: Registration Section
Division of Corporations

# **GALLOWAY OFFICE LLC**

SUBJECT:

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:

# Domingo Hernandez Name of Person Galloway Office LLC Firm/Company 935 SW 87 Ave Address Miami, Florida 33174 City/State and Zip Code galloway207@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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
ATallahassee, FL 32314 for all by some

## 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

FILED 12 NOV 26 PM 3: 17

<del></del> -	LOWAY OFF	· -	TALLAHASSEE, FLORIDA
( <u>Name of the Limited Li</u> (A F	ability Company orida Limited Lia	y as it now appears on our rec ability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document numberL03000002848_	ility Company v	vere filed on	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of t	he limited liabil	ity company here:	
SAME			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)	SAME	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		SAME	
B. If amending the registered agent and/or registered agent and/or the new registered offi			s, enter the name of the new
Name of New Registered Agent:	SAME		
New Registered Office Address:	SAME		
		Enter Florida	street address
	<u></u>		Torida
		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>	Name	Address	Type of Action
MGR	Igor Hernandez	935 SW 87 AVE	Add
		Miami, FL 33174	Remove
			Remove
			Add
			Add Remove
		Add	
		·	Remove
			Add
			Remove

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
Dated November 19th	2012
_	Demander
Signatur	re of a member or authorized representative of a member
	Domingo Hernandez
	Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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