# L04000003719

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
JUN 2 8 2010
EXAMINER

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Galaxy VENTURES ENTERDRISE LLC Name of Limited Liability Company
Name of Limited Liability Company
$\cdot$
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DOV KAGAN
DOV KAGAN Name of Person
Galaxy VENTURES Entenprises LLC
Firm/Company
701 SE 21 St AVE Apt 407
Address
DEEN FIELD BEACH, FL 33441  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To further information concerning this matter, prease can.
Dov KA9AN at (5b) 254-2994  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S30.00 Filing Fee & S55.00 Filing Fee & S60.00 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

### RECEIVED

09 JUN 25 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 14, 2010

GALAXY VENTURES, A LIMITED LIABILITY COMPANY 701 SE 21ST AVE APT 407 DEERFIELD BEACH, FL 33441

SUBJECT: GALAXY VENTURES, A LIMITED LIABILITY COMPANY

Ref. Number: L04000003719

We have received your document for GALAXY VENTURES, A LIMITED LIABILITY COMPANY and your check(s) totaling \$937.50. However, the document has not been filed and is being retained in this office for the following:

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 610A00014582

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coplany VENTURES	a Limited liabity Company
(Name of the Limited Liability Compan (A Florida Limited Lia	a complete liabity Company  as it now appears on our records.  billity Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L04000037/9</u> .	vere filed on <u>Tankory Od, 2010</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite	Orise -LLC
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	701 SE 21 ST AVE
(Principal office address MUST BE A STREET ADDRESS)	Apt 407
	DEENFIELD BEACH FE 39441
	量 器
Enter new mailing address, if applicable:	ZS FARE
(Mailing address MAY BE A POST OFFICE BOX)	SOF E
	<b>⊕</b> ∴ S7.
	AT AT E
B. If amending the registered agent and/or registered office eddress here:	
Name of New Registered Agent: Lawr	ence Caplan, P.A
ر مراجع المراجع	Jatenay Blud Ste 10
New Registered Office Address: 1375	Enter Florida street address
2	
Dogniton	<u> Seo.Ch</u> , Florida 33436 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple	e to act in this capacity. I further agree to comply with

accept the obligations of my position as registered agent as provided forfin 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name,

MGR = Manager

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>16.RM</u>	DOV KAGAN	701 SE QIST AVE APT 407 DEFREIELD BEACH, F	
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ling any other information, enter char	age(s) here: (Attach additional sheets, if nece	ssary.)
- <u> </u>	The state of the s		UN 25
		<u> </u>	PORATIO
Dated	Tune 21 , 20	<u>010</u>	
C	Signature of a memb	per or authorized representative of a member	<del> </del>

Page 2 of 2

Filing Fee: \$25.00