

LOS 000002802

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(City/State/Zip/Phone #)

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LOS-2802
AK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALISTUDIO 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:

MAGALI SIBILLE

(Name of Person)

GALISTUDIO LLC

(Firm/Company)

1004 SIENA PARK BLVD W

(Address)

CELEBRATION, FL 34747

(City/State and Zip Code)

For further information concerning this matter, please call:

MAGALI SIBILLE

(Name of Person)

at (888) 818-8586

(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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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

GALISTUDIO LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on JAN 10th, 2005 and assigned document number L05000002802.

SECOND: This amendment is submitted to amend the following:

ARTICLE IV

The name of the Florida street and of the registered agent is:

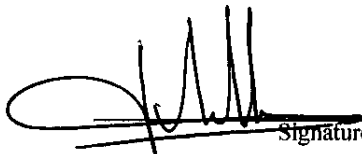
MAGALI SIBILLE

1004 SIENA PARK BLVD W

CELEBRATION, FL 34747

Having been named as registered agent and to accept service of process for the above
stated limited liability company at the place designated in this certificate, 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 the statutes relating to the proper and complete performance of
my duties, and I am familiar with and accept the obligations of my position as registered agent.

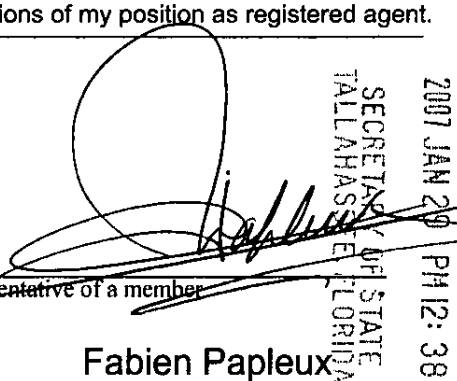
Dated January 22nd, 2007



Signature of a member or authorized representative of a member

Magali Sibille

Typed or printed name of signee



Fabien Papleux

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00