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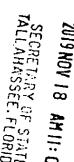
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Special Instructions to I	Filing Officer:	

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COVER LETTER

TO:

TO:		istration Se ision of Cor			
eun	mcar.	GALERIE !	ELYSEES LLC		
SUBJ	JECT:		Name of Limi	ted Liability Company	
The e	enclosec	f Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	e return	all correspo	ndence concerning this matter	to the following:	
			ISABELLE AZEVEDO		
			GALERIE ELYSEES LLC	Name of Person	
			25891 CREEKBEND DRI	Firm/Company	
				Address	
	BONITA SPRING , FL 34135				
			galeric_elysees@yahoo.com		
For fu	urther is	nformation c	E-mail address: (to oncerning this matter, please ea	o be used for future annual report notification)	
PATI	RICK V	/IVIES		954 929-4475 at ()	
		Name o	f Person	Area Code Daytime Telephone No	umber
Enclo	osed is a	i check for th	ne following amount:		
⊟ S	25,00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)
		Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building	SS:

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALERIE ELYSEES LLC	
(Name of the Limited Liability C	Company as It now appears on our records.) imited Liability Company)
(21) (31)	
The Articles of Organization for this Limited Liability Con	npany were filed on and assigned
Florida document number L05000061818	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE,	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	red office address on our records, enter the name of the ne
	AR & T
B. If amending the registered agent and/or register	red office address on our records, enter the name of the ne
registered agent and/or the new registered office addre	me :
	F ST TO
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
	Enter Florida street address
<u></u>	, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
D	OLIVIER AZEVEDO	25891 CREEKBEND DRIVE BONITA SPRING, FL 34135	Add
			□ Remove
			Change
			D Add
			Remove
			Change
			Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
-			Add
			☐ Remove
			Change
			Remove
			☐ Change

lf an e <u>Note</u>	(optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of e 90 th day after the record is filed.
	d NOVEMBER 06, 2019
Date	to elect
Date	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00