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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SUBJECT:	Name of Lim	GALOVE, 11C.	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		y Oldeche A	
	Counter	- Tops Galor Firm/Company	<u>e</u>
	11950	SW 25th Te	nace
	Counter E-mail address: (City/State and Zip Code TOPS GOLVE Color to be used for futile annual report notification.	75 yahw.com
For further information	on concerning this matter, please c		
Wender	Olaeche A	at (<u>3</u>)5) 575 Area Code Daytime	e Telephone Number
Enclosed is a check for	or the following amount:		
25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy)s enclosed)
P.O. Box 6	on Section f Corporations	Street Address: Registration Second Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 5 Callahassee - e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ounter TE	SOS GALORE, LLC, y Company as it now appears on our records.)
	y Company as it now appears on our records.) Limited Liability Company) ompany were filed on 1/25/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11950 SW 25th Terrace
(Principal office address MUST BE A STREET ADDR	ESS) MIGH! #1 33/15
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	11950 SW Z5th Terrace Micmi #1 33175
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent: New Registered Office Address:	Wendy Oldeched 11950 SW 25th Terrace Enter Florida street address MIAM: Florida 33175 City Zip Code
	City Florida Street address Florida 33175 Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability

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 Type of Action **Address** <u>Title</u> <u>Name</u> \square Add □Remove ☐ Change \square Add □Remove Change □Remove ☐ Change □Add □Remove _□Change 🤔 ⊇ DAdd ? → □Remoye _ □Add □Remove Change

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an effective date is	s usted, the date must be sp	peetite and cannot	be prior to take or	filing or more th	an 90 days after f	iling.) Pursuan	it to 605.0201
	inserted in this block dive date on the Departs			utory thing req	urements, this	date will not	be fisted as
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Filing Fee: \$25.00