## LD8000032272

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
<b>(</b>				
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SECRETARY OF STATE
AND AHASSEF FIGURE

## **COVER LETTER**

TO: Registration S Division of Co	Section orporations '	•	
SUBJECT: Tori Am	nos Galactic, LLC		
<del></del>		ited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Kent E. Seton		<u> </u>
		(Name of Person)	
	Seton & Associates	(Firm/Company)	
	9720 Wilahira Blud		
	8730 Wilshire Blvd.,	(Address)	· · · · · · · · · · · · · · · · · · ·
	Beverly Hills, CA 90		
		(City/State and Zip Code)	
For further information	concerning this matter, please of	all:	
Kent E. Seton	e of Person)	at (310 ) 557-1923 (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A	Liability Company as it now appears on our reco Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Lie	ability Company were filed on March 25, 200	and assigned
Florida document number <u>L08000032272</u>	·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
B. If amending the registered agent and/o registered agent and/or the new registered off  Name of New Registered Agent:	r registered office address on our records, fice address here:	enter the name of the new
New Registered Office Address:		
	(Enter Florida s	treet address)
	(22:307-1-307-300-3)	•
	,	rida(Zip Code)
New Registered Agent's Signature, if changing R	, Flo	rida

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 = Ma MGRM = N	inager Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			Remove
			☐ Add
			Remove
			□Add
			Remove
			Add
			Remove
			□Add
			Remove
			∏Add
			Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y.)
<u>Pı</u>	rincipal Office Address:		
<u>c/</u>	o 2336 SE Ocean Blvd.		
St	uart, FL 34996		
<u></u>			
Dated April	3 2008		2008 /
Dated <u></u>	,		2008 APR - T
	Signature of a member	r or authorized representative of a member	Emellant Emellant
	Kent E. Seton, Authorized Repres	sentative	
	Турси	Page 2 of 2	1: 25 ORIDE

Filing Fee: \$25.00