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T. CLINE
JUN 1 0 2009
EXAMINER

OP JUN 10 PH 2: LL

SECRETARY OF STATE
TALLAHASSEF FLORING

COVER LETTER

Division of Cor	porations					
SUBJECT:	QUEYLI	•				
SOBOLOT.	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		RON BENFIELD				
		Name of Person				
		Firm/Company	the transfer of the transfer o			
	Address					
	E-mail address: (to be used for future annual report n	otification)			
For further information of	concerning this matter, please o	-				
	, , , , , , , , , , , , , , , , , , ,					
	N BENFIELD	at (_850_)				
Name o	f Person	Area Code & Day	rtime Telephone Number			
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &			
		(additional copy is enclo				

MAILING ADDRESS:

TO:

Registration Section

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

O9 JUN 10 PM 2: 44
SECRETARY OF STATE
FALLAHASSEF FIRE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	YLI TORF				
(Name of the Limited Liabil (A Florid	ity Company a a Limited Liabi	is it now appear	rs on our records.)		
,					
The Articles of Organization for this Limited Liability	Company we	re filed on	MAY 19, 2008	and :	assigned
Florida document number L08000049508	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability	company her	<u>·e</u> :		
GAL	I'S DRYWA	LL LLC			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited	Liability Compa	ny," the designation	"LLC" or th	e abbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADI	DRESS)				
			· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE BOX)				·	
	-				
B. If amending the registered agent and/or reg		address on o	our records, enter	the name	of the new
registered agent and/or the new registered office ac	<u>iaress nere</u> :		•		
Name of New Registered Agent:		······································		SEC	2.c
New Registered Office Address:				AHA AHA	
		En	ter Florida street aa	Iden C	
		City	, Florida _	Zw G	ide (
New Registered Agent's Signature, if changing Registe				SA.	
				6 60	-

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 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.

* 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 = Manager MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action** ___ Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add ☐Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 9 2009 Dated ___ Signature of a member of authorized representative of a member

Page 2 of 2

RON BENFIELD
Typed or printed name of signee

Filing Fee: \$25.00