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09 JUL 13 PM

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL 1 4 2009

EXAMINER

COVER LETTER *

TO: Registration S Division of Co	Section orporations					
SUBJECT:	Galloway	Residences, LLC				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
	Lisa Daniels, Esq. Name of Person					
		Nume of Ceson	,			
		Therrel Baisden, P.A.				
		Firm/Company				
	One	S.E. 3rd Ave. Suite 2950				
•		Address				
	1	Miami, Florida 33131				
	<u></u>	City/State and Zip Code				
NDaniels@therrelbaisden.com						
		to be used for future annual report no	tification)			
For further information	concerning this matter, please of	call:				
	_isa Daniels	at (_305_)	371 - 5758			
Name	of Person	Area Code & Dayt	me 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 enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAL	LOWAY RES	SIDENCES, L	LC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	<u>s on our records.</u>)		
The Articles of Organization for this Limited 1	were filed on	1/26/2009	and assi	gned	
Florida document number L0900000	<u> 18071</u> .				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :		
71	1.1.1 L m		N.1 1 1 1 1/4		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	iny," the designation "l	LLC" or the a	bbreviation
Enter new principal offices address, if appli	9769 S. Dixie	Highway	<u> </u>	. <u>V</u>	
(Principal office address MUST BE A STRE	Suite #201		<u> </u>	SICR	
		Miami, Florid	a 33155	, ,,,,,	- 9 7 7
				<u>9</u>	250 117 117 117 117 117 117
Enter new mailing address, if applicable:	N/A		골	유독 유독 기	
(Mailing address MAY BE A POST OFFICE			မှ	ATI	
				8	XS.
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter (</u>	the name o	f the nev
to an entire the second state of the second	THE BUILTIES HEL	<u>v</u> .			
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		En	ter Florida street ada	tress	
		City	, Florida	Zip Code	
		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 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.

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 = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action MGR John Keith McComas 9769 S. Dixie Highway . ✓ Add Remove Suite #201_ Miami, Florida 33155 Remove _ Add ☐ Remove Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Signature of a member or authorized representative of a member Lisa Daniels, Esq., as Registered Agent Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00