## L09000020977

(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALL AHASSEE, FLORID

2016 AUG 29 PM 5: 53

K.SALY EXMINER NUG 30

## **COVER LETTER**

TO: Registration Secondary Division of Corp.			
Galie Auto			
SUBJECT:		ted Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Aharon Ben Shoshan		
		Name of Person	
	Galie Auto LLC		
		Firm/Company	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	617 N Dixie HWY		
		Address	
	Fort Lauderdale FL 33009		
		City/State and Zip Code	
	aharon@abcautorentals.com E-mail address: (	n to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Aharon Ben Shoshan		954 6639371 nt ()	
Name	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Regist	ING ADDRESS; ration Section on of Corporations	STREET/COURI Registration Section Division of Corporation	on
P.O. B	ox 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 AUG 29 PM 3: 59
TALLAHASSEE, FLORIDA

GALIE AUTO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/23/2016}{1}$ \_\_ and assigned Florida document number \_\_\_\_\_\_L09000020977 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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

Enter Florida street address

\_, Florida \_

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 = M AMBR = A	Ianager Authorized Member		
Title	Name	Address	Type of Action
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Signature of a	mamber or authorized	representative of a man	her	

Page 3 of 3

Filing Fee: \$25.00