110000011992

(Re	equestor's Name)	
	drass)	
(Ad	dress)	
(Ad	dress)	
		
(Cit	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Eiling Officer	

Office Use Only



900418353579

11 32 11 32 11 -02 1 492 10 10



2023 ROV = 3 AN IO: 45 SEGSTINGY OF STATE TAIL ANA SEEF FI

COVER LETTER

TO:

Tallahassee, FL 32314

	istration Sec ision of Corp				
con ten aleo acesas	Galaxy Auto	omobile Sales, LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for filing.		
		ndence concerning this matter t			
		Lalta Mathura			
			Name of Person		-
		Galaxy Automobile Sales, I	LLC		
			Firm/Company	-	_
		3001 Pace Street			
			Address		_
		Orlando, FL 32810			2023 SE
			City/State and Zip Code		NO.
		Lalta63@gmail.com			
For further i	nformation c	E-mail address: (t oncerning this matter, please ca	o be used for future annual report n ill:	outication)	2023 NOV -3 AM 10: 46 SECRIJAKY OF STATE TALLAHASSEE, FL
Lalta Mathi	ıra		917 406-4511): 46
	Name o	f Person	at () Area Code Day	time Telephone Numbe	
Enclosed is	a check for th	he following amount:			
≅ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	ailing Addre		Street Address Registration		
Registration Section Division of Corporations		Division of C	Corporations		
P.O. Box 6327		The Centre o	f Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Galaxy Automobile Sales, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 02/02/2010	and assigned
Florida document number L10000011992		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		150 23
		LL TON
Enter new mailing address, if applicable:		3 F
(Mailing address MAY BE A POST OFFICE BOX)		SSS
		10: 46
		H6 ATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	
Name of New Registered Agent:	····	
New Registered Office Address:		
	Enter Florida street address	_
	Florid	
	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 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael Mathura	14741 Lost Lake Road	■Add
		Clermont, FL 34711	□Remove
			□Change
MGR	Steven Mathura	14741 Lost Lake Road	□Add
		Clermont, FL 34711	□Remove
			□Add
			Remove TACO Nange
			-3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -
			□Change
			□Adđ
			□Remove
			Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated October 30th Signature of a member or authorized representative of a member

Filing Fee: \$25.00