

L12000023195

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

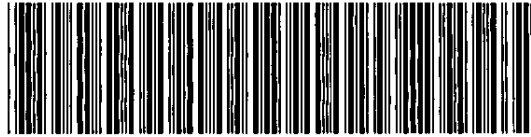
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APR - 4 2012

EXAMINER



800226241698

RECEIVED
12 APR - 2 PM 4:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 APR - 2 PM 12:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04-02-2012

NAME: GALAXY THRIFT LLC

TYPE OF FILING: ARTICLES OF AMENDMENT

COST: \$25

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -2 PM 12:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2012

FLORIDA FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: GALAXY THRIFT, LLC
Ref. Number: L12000023195

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -2 PM 12:21

We have received your document for GALAXY THRIFT, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Because under our name rules the addition of the words "OF FLORIDA" or "FLORIDA" at the end of a name does constitute a significant difference, the new name you have chosen -- GALAXY ENTERPRISES OF FLORIDA, LLC -- is too similar to the name of an existing entity -- GALAXY ENTERPRISES, INC. - Document Number S96329.

Please choose another new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 312A00010841

RECEIVED
DEPARTMENT OF STATE
12 APR -3 PM 5:54

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GALAXY THRIFT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
12 APR -2 PM 12:21

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 17, 2012 and assigned
Florida document number L12000023195.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GALAXY ENTERPRISES PALM BEACH, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

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:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

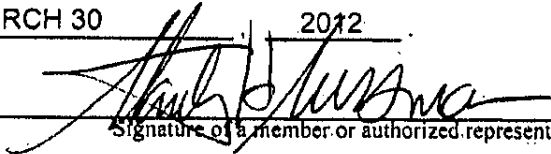
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated MARCH 30 2012



Signature of a member or authorized representative of a member

STANLEY H. SUSSMAN

Typed or printed name of signee