

L13000042344 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 SEP 23 AM 11:54
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 26 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Galarza's solution Service, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jesus Galarza

Name of Person

Galarza's Solution Service, LLC

Firm/Company

8717 Liberty Place

Address

Tampa, Florida 33615

City/State and Zip Code

julissa.rodas@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesus Galarza

Name of Person

813 731-7980

at ()

Area Code & Daytime 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

FILED
2013 SEP 23 AM 11:54
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Galarza's Solution Service, 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 March 15, 2013 and assigned Florida document number L13000042344.

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 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)

8717 Liberty Place
Tampa, Florida 33615

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

some

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:

Jesus Galarza

New Registered Office Address:

8717 Liberty Place

Enter Florida street address

Tampa

City

, Florida 33615

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.

Jesus Galarza
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>
<u>mgrm</u>	<u>Jesus Galarza</u>	<u>8717 Liberty Place</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, Florida 33615</u>	<input type="checkbox"/> Remove
<u>mgr</u>	<u>Julissa Rodas</u>	<u>8717 Liberty Place</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, Florida 33615</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated September 20, 2013

Jesus Galarza
Signature of a member or authorized representative of a member

Jesus Galarza
Typed or printed name of signee

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Filing Fee: \$25.00

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