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COVER LETTER

SUBJECT: 9908 N. DA	ALE MABRY HIGHWAY, LI			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Sharon Hunnewell-Johnse	on		
		Name of Person		
	9908 N. DALE MABRY	HIGHWAY, LLC		
		Firm/Company		
	204 E. M.L. King Jr. Blvd			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Tampa FL 33603			
		City/State and Zip Code		
	shunneweil@galaxyfirewor			ງ ວ ວ
	E-mail address: (to be used for future annual report notif	ication)	onoo MAY 10
For further information c	oncerning this matter, please c	rall:		5 1
Sharon Hunnewell-Johns	son	813 234-2264	्रुव्हें हर्ने कु	
Name o	f Person		Telephone Number	64 II: 52
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres		Street Address		

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9908 N. DALE MABRY HIGHWAY, LLC

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

Florida document number L13000115586	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9908 N. DALE MABRY HIGHWAY, LLC
(Principal office address MUST BE A STREET ADDRESS)	9908 N. Dale Mabry Highway
	Tampa FL 33603
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	enter the name of the new registered
agent and/or the new registered office address here: Name of New Registered Agent:	and the second of the second o
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent:	
Name of New Registered Agent:	Enter Florida street address, Florida City Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
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