# 11400005431

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<del>2</del> #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
· · · · · · · · · · · · · · · · · · ·	<del></del>	

Office Use Only



800349925888

08/11/20--01001--021 \*\*75.00



C. GOLDEN AUG 1 1 2028

# CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

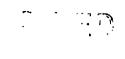
## **WALK IN**

			· · · · · · · · · · · · · · · · · · ·
		PICK UP	: 08/07/2020
(		CERTIFIED COPY	
2	ХХ	РНОТОСОРУ	
[		CUS	
2	ХХ	FILING	
1.		GALSKY CONSTRUCTI (CORPORATE NAME AND DOCUMENT	ON ENTERPRISES, LLC
2.		(CORPORATE NAME AND DOCUMENT	#)
3.		(CORPORATE NAME AND DOCUMENT	#)
4.		(CORPORATE NAME AND DOCUMENT	
5.	-	(CORPORATE NAME AND DOCUMENT	#)
6.	-	(CORPORATE NAME AND DOCUMENT	#)
SPEC INST			**,

#### **COVER LETTER**

	gistration Serision of Cor			
SUBJECT:	GALSKY	CONSTRUCTION ENTERP	PRISES, LLC	
0020001,		Name of L	imited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are so	ibmitted for filing.	
Please return	all correspo	ndence concerning this matter	er to the following:	
		Leslie Alan Rozencwaig,	Esq.	
			Name of Person	
		Rozencwaig & Nadel, LI	_P	•
			Firm/Company	
		301 West Hallandale Bea	ch Blvd	
			Address	
		Hallandale Beach/ Florida	1/33009	
		entities@rnflaw.com	City/State and Zip Code	
		_	(to be used for future annual report notif	ication)
For further inf	ormation co	ncerning this matter, please o	all:	
Leslie Alan R	ozencwaig,	Esq.	954 455-5100 at ()	
	Name of	Person		Telephone Number
Enclosed is a c	heck for the	following amount:		
<b>■ \$25.00</b> Fil.	ing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	or Address: stration Se sion of Cor Box 6327 hassee, FL	porations	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 ATT 10 PH 2: 51

CALCEV	CONTEMP	ICTION	CAITED DD ICEC	IIC
CVLOKI	CONSIK	JULIUN	ENTERPRISES	. LLC

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

(A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document numberL14000005431	npany were filed on $\frac{01/10/2}{1}$	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited	i Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our recor	ds, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Florida st	reet address
		1731 1
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	•	• • •
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp		
general the obligations of my position as registered asset		

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>	Address	Type of Action
MGR	HOWARD B. NADEL	301 W. Haliandale Beach Blvd	<b>=</b> Add
		Hallandale Beach, Florida 33009	□Remove
			□Change
MGR	ALEXANDER GALSKY	C/o 301 W. Hallandale Beach Blvd	<b>≣</b> Add
		Hallandale Beach, FLorida 33009	□Remove
		<del></del>	□Change
AMBR	ALBERTO GALSKY	429 Center Island	□Add
		Golden Beach, FL 33160	■Remove
			□Change
<del></del>			C]Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			ПСвании

N/A		•	
			··-
			······································
		<del></del>	
			· · · · · · · · · · · · · · · · · · ·
			·
<del></del>		<del></del>	
		·	
			······································
tive date, if other than the	date of filing:	/ <i>4</i> -	12
ffective date is listed, the date mus	be specific and cannot be prior to d	(optionate of filing or more than 90 days after	filing.) Pursuant to 605
ment's effective date on the De	ica ques noi meet ine annicani	e statutory filing requirements, this	s date will not be liste
rd specifies a delayed effective	date, but not an effective time.	at 12:01 a.m. on the earlier of: (b	The 90th day after
iled.	•		y The Jour day and
1/2.	• •••		
-1/1	2020	/	
	/// ///////////////////////////////////	•	
	1 1/1/VW		
ı	Signature of a thember or authorize	d representative of a member	