L14000009844

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SECRETARY OF STATE

TAIL AND SEED

J. HARRIS

COVER LETTER

TO: .	Registration Se Division of Cor				
CIID IE	GALUNY I				
SUBJE	CT:		ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		MANUEL MOINARD			
			Name of Person	*************************************	
			GALUNY LLC		
			Firm/Company		
		1900 N BAYSHORE DR I	UNIT 1A STE 107		
			Address		
		MIAMI FL 33132			
			City/State and Zip Code		
MANU@GUNYFAL.COM E-mail address: (to be used for future annual report notification)					
		•	•	cation)	
For furth	er information co	oncerning this matter, please ca	all:		
MANUEL MOINARD Name of Person		at ()30 Area Code Daytime	54394068		
	1441110 01	1 (1501)	Area Code Daydine	reiephone reamber	
Enclosed	is a check for th	e following amount:			
□ -\$ 25.0	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

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

(Name of the Harles of Har		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconited Liability Company)	orus.
The Articles of Organization for this Limited Liability Complex document number L14000009844.	pany were filed on 01/17/2014	and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited</u>	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company "the designation "L	I C" or the abbreviation "I I C"
inter new principal offices address, if applicable:		De of the abbreviation E.E.C.
Principal office address MUST BE A STREET ADDRES	(S)	
	****	50 -·
nter new mailing address, if applicable:	1900 N BAYSHORE DRIV	
Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33132	550 N
. If amending the registered agent and/or registere	ed office address on our reco	of the
egistered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida Zip Code
law Bagistarad Agant's Signatura if shanging Bagistarad As	City	гір Соае

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
AMBR	MANUEL MOINARD	1900 N BAYSHORE DR	□ Add
		UNIT 1A STE 107	□ Remove
		MIAMI FL 33132	■ Change
	• • • • • • • • • • • • • • • • • • • •		Add
			☐ Remove
			Change
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			C Remove
			☐ Change
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tive date, if other than the date of ffective date is listed, the date must be specigiffed in this block does ment's effective date on the Department.	ific and cannot be prior to da s not meet the applicable nt of State's records.	statutory filing require	ments, this date wi	ll not be listed
ecord specifies a delayed effect e 90th day after the record is t	filed.	ŕ		
e 90th day after the record is f	2016 .	·		
e 90th day after the record is f	filed.	·		
90th day after the record is f	filed.		5	6
04/15 Signature	7016		nber r	SECRE)
	7016	d representative of a men	nber r	6

Filing Fee: \$25.00