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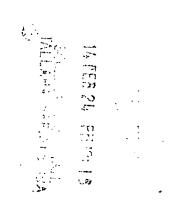
(Requestor's Name)				
(Address)				
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JENNORS FEB 25 2014

COVER LETTER

TO:	Registration Section
	Division of Cornorations

GALETTE GROUP HOME

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:

HERMITE GALETTE Name of Person GALETTE GROUP HOME Firm/Company **528 SE NOME DRIVE** Address PORT ST LUCIE, FL 34984

City/State and Zip Code

galettegrouphome@yahoo.com

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

For further information concerning this matter, please call:

HERMITE GALETTE

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filmg Fee & Certified Copy (additional copy is enclosed) ☐ S60.00 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

GALETTE GROUP HOME		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were for Florida document number <u>L14000020426</u>	iled on 02/05/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
The new name must be distinguishable and end with the words "Limited Liability Con	npany," the designation "LI.C" or the abl	previation "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 a registered agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		18-15 18-18-18-18-18-18-18-18-18-18-18-18-18-1
New Registered Office Address:	Enter Florida street address	
	•	. 2
Ci	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	• •	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perforaccept the obligations of my position as registered agent as provid	rmance of my duties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HERMITTE GALETTE	528 SE NOME DRIVE	Add
		PORT ST. LUCIE, FL 3498	84 □ Remove
MGR	GARY GALETTE	528 SE NOME DRIVE	Add
		PORT ST. LUCIE, FL 3498	34 ■ Remove
			Add
			□ Remove
			500
			□ Add
			Remove
			7) (#
			□ Remove
			Add
			□ Remove

D. If amending any of	her information, enter o	change(s) here: (Attach ada	litional sheets, if necessary.)
EIN	1#46-4	1783116	
		70 - 7 -	
- · · · · · · · · · · · · · · · · · · ·			
			
E. Effective date, if of	her than the date of filing	ng:	(optional)
	is filed by the Florida Departme		ion the more than 90 days and
_{Dated} Februar	y 13	2014	
	Lang	Tell):	
	Signature of a	a member or authorized representa	tive of a member
<u>GAR</u>	Y GALETTE		
	/	Typed or printed name of signe	e

Page 3 of 3

Filing Fee: \$25.00