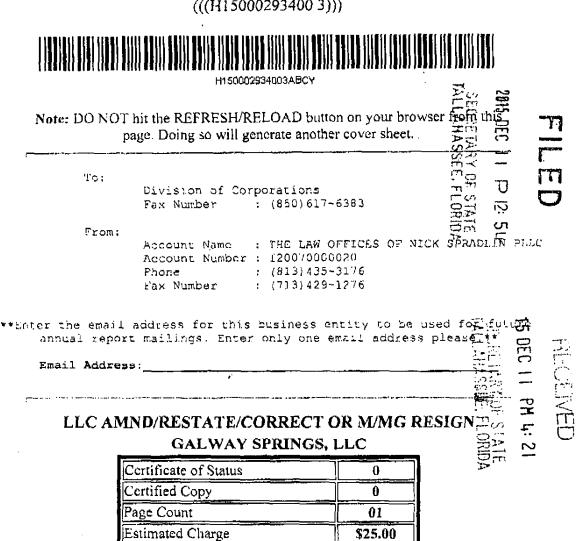
Note: Please print this page and use it as a cover sheet. Typ. he fax audit number (shown below) on the top and bottom of all pages of the document.

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## ARTICLES OF AMENDMENT TO A ARTICLES OF ORGANIZATION OF

GALWAY SPRINGS, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mnany as it now appears on our recorned Liability Company)	d <u>s.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000195291</u>	any were filed on 12/26/2014	and assigned
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 contain the words "Limited I	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7319 CALLE CRISTOBAL	#144 SAN DIRGO CA, 92126
(Principal office address MUST BE A STREET ADDRESS	5)	A SE
Enter new mailing address, if applicable:	7319 CALLE CRISTOBAL	#144 \$AN DIEGO CA. \$226
(Mailing address MAY BE A POST OFFICE BOX)	,	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds, criter the mame of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addro	755
	, F	lorida
	City	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 om 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

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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
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			□ Remove
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etive date, if other than i	the date of filing:	,	(optional)		
effective date is listed, the date	must be specific and cannot be prior to	date of tiling or more than 90 day	s after filing.) P		
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		ed representative of a member			

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