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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070006020
Phone : (813)435-3176
Fax Number : (713)429-1276

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GALWAY SPRINGS, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GALWAY SPRINGS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/26/2014 and assigned Florida document number L14000195291.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7319 CALLE CRISTOBAL #144 SAN DIEGO CA. 92126

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7319 CALLE CRISTOBAL #144 SAN DIEGO CA. 92126

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
.....	<input type="checkbox"/> Add
.....	<input type="checkbox"/> Remove
.....	<input type="checkbox"/> Change
.....	<input type="checkbox"/> Add
.....	<input type="checkbox"/> Remove
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.....	<input type="checkbox"/> Add
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.....	<input type="checkbox"/> Change

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