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PICK-UP	☐ WAIT	MAIL
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ALLAHASSED FORM

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J. Galeano LLC 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:
Jose Joaquin & aleano
· WHIC OF I CISOR
Firm/Company
430 SW. 35 AVE
Address
Miami, F1 33155
GallanoJag17 equal . Com E-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
JOSE GALCANO at (786 445-1079 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 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 ______ and assigned Florida document number 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 "LLC." 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 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
4MBR	Hernan Jose Martinez	2301 SE. 16 Que.	Add
		Homestead, F1 33035	☐ Remove
			🗆 Change
			
			🗆 Remove
			Change
			□ Add
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fective date, if of	ther than the date (of filing:				(optional)	3.		
an effective date is lis ote: If the date insocument's effective erecord specific	ther than the date of ted, the date must be spe erted in this block do the date on the Departm es a delayed effective the record is	eific and cann es not meet t ent of State ctive date	he applicable s records.	statutory filin	nore than 90 da ng requiremen	ys after filing. its, this date	will not	be list	ed a
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Filing Fee: \$25.00