

L15000209384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

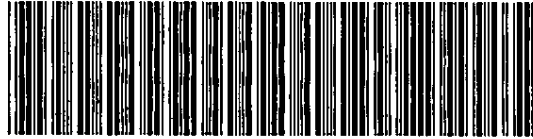
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800283593648

03/21/16--01035--001 **25.00

FILED
16 MAR 21 PM 1:11
TALLAHASSEE, FLORIDA

MAR 23 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Galeano Auto Care, 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:

Belma Galeano
Name of Person

Galeano Auto Care, LLC
Firm/Company

95 Forest Edge Dr.
Address

St. Johns, FL 32259
City/State and Zip Code

galeanoautoservice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belma Galeano at (402) 708-1415
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

TO
ARTICLES OF ORGANIZATION
OF

Galeano Auto Care, L.L.C.

(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 January 1, 2016 and assigned Florida document number L15000209384

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:

(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 _____
City Zip Code

FILED
JAN 11 2016
16 M 21 PM 11
TALLAHASSEE, 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jonathan Galeano	95 Forest Edge Dr	<input type="checkbox"/> Add
		St. Johns, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mario Galeano	95 Forest Edge Dr	<input type="checkbox"/> Add
		St. Johns, FL 32259	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Belma Galeano	95 Forest Edge Dr.	<input type="checkbox"/> Add
		St. Johns, FL 32259	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

CALLAHAN COUNTY SEAL
MAY 21 11:11 AM '11
TALLAHASSEE, FLORIDA

Lined area for text entry.

16 MAR 21 PM 1:28
OFFICE OF THE ASSISTANT ATTORNEY GENERAL

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 17, 2016
3-17-16

Belma Galeano

Signature of a member or authorized representative of a member

Belma Galeano

Typed or printed name of signee