

L16000003126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

16 FEB 10 PM 3:00

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FEB 10 2016

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Galactic Nutrition 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:

Connor Hair
Name of Person
Galactic Nutrition
Firm/Company
2403 River Tree Circle
Address
Sanford FL 32771
City/State and Zip Code
Connorhair2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John N Giovannetti at (321) 230-4600
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Galactic Nutrition 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 1/5/2016 and assigned
Florida document number LI6000603126.

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

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

Recommending 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>
MGR	Connor Hair	224 Southern Magnolia	<input type="checkbox"/> Add
		Lane Sanford FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anil Ballmick	229 Meadow Beauty	<input type="checkbox"/> Add
		Terrace Sanford, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 FEB 10 PM 3:00
FILED
HALL COUNTY
CLERK OF CIRCUIT COURT
JAN 10 2010

MA. J. H. SCF. F. 6816

16 FEB 10 AM 3:08
FBI NEW YORK

(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)

Dated 2/10/16, _____

Connor Hair
Typed or printed name of signee