1/31/2017

From Larson Accounting 1.321.888.4919 Thu Feb 16 10:10:14 2017 MST Page 1 of 6 Division of Corporations



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

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Consultina (d.

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG INSTA GALERIE LLC

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From Larson Accounting 1.321.888.4919 Thu Feb 16 10:10:14 2017 MST Page 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSTA GALERIE LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on ou Liability Company)	records,)	
The Articles of Organization for this Limited Florida document number L16000032889	Liability Company	were filed on 02/16/201	6	and assigned
	······································			
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited liab	ility company here:		
GALLEWY LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the at	breviation "L.L.C."
enter new principal offices address, if appli	cable:	N/A	- F.c.	2
Principal office address MUST BE A STRE	ET ADDRESS)			=
·			<u> </u>	
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nter new mailing address, if applicable:		N/A	joi en	
<u>Mailing address MAY BE A POST OFFICE</u>	BOX)	·		<u> </u>
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			7	ထ
i. If amending the registered agent and egistered agent and/or the new registered of			ecords, <u>enter</u>	the name of the
Name of New Registered Agent:	N/A NO	CHANGE		
New Registered Office Address:	7901 KINGSPO	DINTE PKWY STE 17	•	
		Enter Florida strce	t address	
•	ORLANDO		, Florida _ <sup>32</sup>	819
		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

From Larson Accounting 1.321.888.4919 Thu Feb 16 10:10:14 2017 MST Page 5 of 6

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 = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

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