716000017008

(F	Requestor's Name)
(A	Address)
(F	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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March 9, 2016

STEPHANIE ARMAN 6880 TAMIAMI CANAL RD MIAMI, FL 33126

SUBJECT: EL GALIVAN, LLC Ref. Number: L16000042068

We have received your document for EL GALIVAN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P15000019115 EL GAVILAN CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 416A00004844

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:E	Galivan,	LLL	
T1 (1:10.0 111			
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Stephanil	Name of Person	
		Firm/Company	
		niami (anal Rd Address	
	- Miami, F	City/State and Zip Code	
	Stephanic E-mail address: (to	2 @ NAV LUCTYON o be used for future annual report notific	ation)
For further information con	cerning this matter, please ca	ill:	
Stephanie Name of P	erson	at (305) 873 Area Code Daytime	-370 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

El Galivan,	LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on $\frac{22}{068}$	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
El Gayilan Fishin The new name must be distinguishable and contain the words	Yimited Liability Company," the designation	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u> _	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		r records, enter the name of the new
New Registered Office Address:	Enter Florida s	treet address
		, Florida
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change in the region of the company has been notified in writing of the change in the region.	and complete performance of my red agent as provided for in Cha istered office address, I hereby c	duties, and I am familiar with and oter 605, F.S. Or, if this document is
	If Changing Registered Agent.	Signature of New-Registered Agent
	Page 1 of 3	2: II STATE

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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			Remove
			☐ Change
			Add
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			☐ Change
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					d representativ	e of a member	\$.3 (%)	2 <u>118</u> 5	-
	\sim	A.CA		<u> </u>				63	
Dated Ma	vch	16		2016.					
he record spe The 90th d				but not ar	n effective i	time, at 12:	.01 a.m. d	on the ea	ırlier
document's effe	ective date or	the Departme	nt of State's	records.	Survivey IIIII	e requirement	o, mo duto 1		
Effective date, If an effective date Note: If the date	is listed, the d	late must be spec-	ific and canno	ot be prior to da	ate of filing or n	nore than 90 days	(optional) s after filing.) s this date v	Pursuant to	605.02 listed
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