L16000109267

(Red	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:		tration Section of Corp		*·	
SUBJE		ilia's Desig	gn IIc		
SOBJE	C1		Name of Lim	ited Liability Company	
			Amendment and fee(s) are sub	_	
			Maria T. Paz		
				Name of Person	
			Paz Legal Services Ilc		٠, است
				Firm/Company	
			722 Patrick st, suite 210		DEC ATTAC
				Address	
			Kissimmee, Fl 34741		16 DEC -5 PH 4: 48
	•			City/State and Zip Code	
			Pazlegalservices@outlook.c	om to be used for future annual report no	
For furth	her info	ormation co	oncerning this matter, please ca	·	uncation)
Maria T	. Paz			407 483-5262	
		Name of	「Person	at () Area Code Dayti	me Telephone Number
Enclose	d is a c	heck for th	e following amount:		
\$25.	.00 Fil	ing 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)
			ING ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lilia's Design llc			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited I Florida document number L16000109267	iability Company	y were filed on <u>06/06/2016</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited lial	bility company here:	
Galenos Consulting LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		17 CS
Enter new mailing address, if applicable:		N/A	DEC -5
Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o	•		ts, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addre	SS
		, F	lorida
		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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A		Add
			□ Remove
			□ Change
			☐ Remove
			☐ Change
			SECRETA ALLAHA
			Remove SEE FLORIDA
			☐ Chappe ☐
			☐ Remove
			☐ Change
			☐ Remove
			Add
			☐ Remove
			Change

	Amendment Article III. This corporation may engage all transact in any or all lawful activities		
	or business permitted under the laws of the United States, the State of Florida or any other State,		
	Country, territory or nation.		
	DEC ST		
	<u> </u>		
an ei	tive date, if other than the date of filing: (optional) fective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.		
e re The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.		
atec	November 22, 2016		
	\ \rightarrow \(\begin{array}{cccccccccccccccccccccccccccccccccccc		

Page 3 of 3

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company

LILIA'S DESIGN LLC

Filing Information

Document Number

L16000109267

FEI/EIN Number

NONE

Date Filed

06/06/2016

State

FL

Status

ACTIVE

Principal Address

2809 SPOTTED EAGLE DR JACKSONVILLE, FL 32226

Mailing Address

2809 SPOTTED EAGLE DR JACKSONVILLE, FL 32226

Registered Agent Name & Address

WALDERO, LILIA

2809 SPOTTED EAGLE DR

JACKSONVILLE, FL 32226

Authorized Person(s) Detail

Name & Address

Title MGR

WALDERO, LILIA 2809 SPOTTED EAGLE DR JACKSONVILLE, FL 32226

Annual Reports

No Annual Reports Filed

Document Images

06/06/2016 - Florida Limited Liability

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