# L16000140713

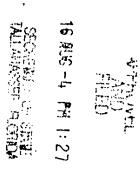
(Řed	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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N. HARRIS



# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	1p Galleria	ed Liability Company	<u>. C</u>
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	. ,
	Alejar	Name of Person	tebush
	VIP E	nalleria Tra	de LLC
	9116 84	N 51st Rd	A201
	Gainesi	City/State and Zin Code	608
		e ( i alx Chan o be used for future annual report notifi	ge@gmail.com
For further information of	onc milia, this matter, please ca		
All Sans	ta Nestlet	Daytime	Telephone Nun:be:
Enclosed is a check for the	he 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

(Name of the Limited Liabil	a lade	s on our records.)		
(A Florid	lity Company as it now appear la Limited Liability Company)	,		
The Articles of Organization for this Limited Liability (	Company were filed on	7-27-2611	• • and assigned	
Florida document number <u>L1600014</u> C				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	<u>ere</u> :		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		-		
(Principal office address MUST BE A STREET ADD	RESS)	····	·	_
				_
Enter new mailing address, if applicable:		<del></del>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del> .	<del></del>		
B. It avvending the registered agent and/or registered ingent and/or the new registered office ad-	istered office address on dress here:	our records, enter	the name of the	nev
lame of New Registered Agent:	<u> </u>		<del></del>	
New Registered Office Address:				
	Enter Flor	rida street address		
		, Florida	7: 0 1	<del></del> ,
	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

Page 1 of 3

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 Type of Action Title **Address** Name Alejanda Nestlebush 91168W 518+ Ra DAdd # A201 Gainesville FL 3260 & Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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te: 1	e date, if other than tive date is listed, the dat f the date inserted in the nt's effective date on t	iis block does	filing: fic and cannot be not meet the a	prior to date of	filing or more that	(option	onal) filing) Pursu s date will no	am to 605% of be listed	1201 d as
reco he 9	ord specifies a dela 90th day after the	ayed effect record is f	ive date, builed.	it not an ef	ective time,	at 12.01 a	a.m. on th	e earlie	ro
	8-4-5	2016	,			_			

Page 3 of 3

Filing Fee: \$25.00