

**L17000034386**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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03/07/17--01001--003 \*\*35.00

**MAR 22 2017**  
**S. YOUNG**

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**17 FEB 27 PM 1:21**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2017

AZIZ AC ISLES  
GALAXY AUTO RESALE PARTS  
1520 RUNNING OAK LANE  
ROYAL PALM BEACH, FL 33411

SUBJECT: GALAXY AUTO RESALE PARTS LLC  
Ref. Number: L17000034386

2017 MAR 20 PM 3:24  
TALLAHASSEE, FLORIDA

We have received your document for GALAXY AUTO RESALE PARTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

YOU NEED TO CONVERT FROM A LLC TO CORP, ALSO SEE THE FEE DIFFERENTS

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 FEB 27 PM 1:21

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 117A00003853

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GALAXY AUTO RESALE PARTS 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:

Aziza C. Isles  
Name of Person

Galaxy Auto Resale Parts  
Firm/Company

1520 RUNNING OAK Lane  
Address

Royal Palm Beach, FL, 33411  
City/State and Zip Code

galaxyautoreseleparts@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aziza C. Isles at (561) 714-1212  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Galaxy Auto Resale Parts 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 2/13/2017 and assigned Florida document number L17000034386

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Galaxy Auto Resale Parts INC  
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)

1520 RUNNING OAK LN,  
Royal Palm Beach, FL 33411

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

A/A  
P.O. BOX 306  
Loxahatchee, FL 33470

**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:

N/A

New Registered Office Address:

N/A

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

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 FEB 27 PM 1:21

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>	<u>Type of Action</u>
AMBR	Aziza C. Isles	1520 Running Oak Lane	<input checked="" type="checkbox"/> Add
		Royal Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
FEB 23 PM 2:21

17 FEB 21 PM

17 FEB 27 PM 1:21

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 22, 2017

Signature of a member or authorized representative of a member

Aziza C. Isles  
Typed or printed name of signer

Typed or printed name of signee