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(R	equestor's Name)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	Occument Number)
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC"	GANLYS,			
SOBJEC	I		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
	r	-		
		Lisa Lanza, Esq.		
		-	Name of Person	· · · · · · · · · · · · · · · · · · ·
		MELISSA P. LANZA, P.A	Λ.	
			Firm/Company	
		104 Crandon Blvd., Suite	120	
		.,	Address	
		Key Biscayne, FL 33149		
			City/State and Zip Code	
		Lisa@Melissalanzalaw.com	to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please ca		
Lisa			305 361-0997	
	Name o	Person	Area Code Daytim	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.06	0 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)
	Registr Divisio P.O. Bo	ANG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GANLYS, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
Γhe Articles of Organization for this Limited Liability	Company were filed on March 17, 2017	and assigned
Florida document number L17000062463		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
GANLY'S, LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	
		\$3 (4)
		17 T. T.
		2
Enter new mailing address, if applicable:	 	2 F
(Mailing address MAY BE A POST OFFICE BOX)		
		ँ ज्
B. If amending the registered agent and/or reg	istered office address on our records, ente	er the name of the new
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
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fective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E	e date of filing: st be specific and cannot be prior to date of filing or ock does not meet the applicable statutory filiperartment of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed a
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier of
	2015	
March 23	2017	
ated March 23	,	

Page 3 of 3

Filing Fee: \$25.00