

L17000077280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

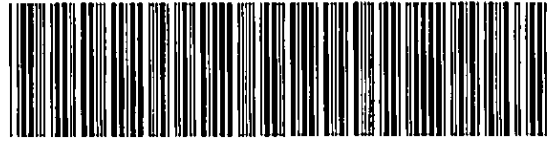
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Galeria(In) Eligible, 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:

Francesca Marrero

Name of Person

Only in Hialeah 305

Firm/Company

P.O. Box 10373

Address

Hialeah, FL 33010

City/State and Zip Code

Only.in.hialeah.305@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francesca Marrero

Name of Person

at ( 305 ) 209-1528

Area Code

Daytime 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**

(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 April 6, 2017 and assigned Florida document number L17000077280.

This amendment is submitted to amend the following:

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

Only in Hialeah 305, LLC

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)**

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

**(Mailing address MAY BE A POST OFFICE BOX)**

PO Box 10373

Hialeah, FL 33010

**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:

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

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
<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			
_____	_____	_____	<input type="checkbox"/> Add

☐ Remove

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Page 2 of 3

**D. If amending any other information, enter change(s) here:** (Attach additional sheets, if necessary.)

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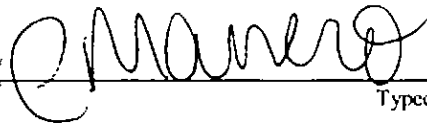
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Francesca Mattero



Typed or printed name of signee

**Page 3 of 3 Filing Fee: \$25.00**

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