Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone Fax Number : (305)416-6800 : (305)416-6811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	 	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GALAXY GROUP HOLDINGS, LLC

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**COVER LETTER** 

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TO:	Registration Se Division of Cor		.₹ *∳	
SUBJ	GALAXY	GROUP HOLDINGS, LLC		
5000	EC1.	Name of Lir	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	undence concerning this matter	to the following:	
		Diane M. Hernandez		
			Name of Person	
		Adams Gallinar, P.A.		_
	•	·	Firm/Company	- Es.
		1000 Brickell Avenue, Su	ite 300	E ALE
			Address	25 SSS
		Miami, Florida 33131	. <b>4</b>	AFR 25 AM 9: 33
			City/State and Zip Code	و و
		dhernandez@agilaw.com		<u></u>
For fu	rther information c	oncerning this matter, please o	to be used for funce annual report notifical.	ation)
Diane	M. Hernandez		305 416-6800	
	Name o	f Person	Area Code Daytime	Felephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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

(((H17000112953 3)))

GALAXY GRO	UP HOLDINGS, LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our renited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp. Florida document number L17000086434	pany were filed on April 18, 201	7 and assigned
This amendment is submitted to amend the following:	\$*   No.	
A. If amending name, enter the new name of the limited	liability company here:	
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:	·	= 50°
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company  The new name must be distinguishable and contain the words "Limited Liability Company," the  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)  B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	<u>'S)</u>	
	* ,	
		25 SEPT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>~</u>
registered agent and/or the new registered office address		ords, enter the name of the new
New Registered Office Address:	k. Enter Florida street ac	Idraec
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties t as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
τε	Changing Registered Agent, <u>Signat</u>	ure of New Registered Agent

Page 1 of 3

(((H17000112953 3)))

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H17000112953 3))) MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Fabio L. Lopes	3401 N. Miami Avenue	
		Suite 223	■ Remove
		Miami, Florida 33127	Change
MGR	Luis Fabiano Lopes	3401 N. Miami Avenue	
		Suite 223	☐ Remove
		Miamı, Florida 33127	O Change In Col.
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ective date, if other than the date of f	lling:		(ontional)	
ective date, if other than the date of fit effective date is listed, the date must be specific e: If the date inserted in this block does nument's effective date on the Department	ot meet the applica	o date of filing or more the ble statutory filing req	an 90 days after filing.) P uirements, this date wi	ursuant to 605.020 Il not be listed a:
record specifies a delayed effective he 90th day after the record is file.	e date, but not ed.	an effective time	, at 12:01 a.m. or	the earlier o
ed April 25	2017			
		7.		
Signature	of a member or solhor	rized representative of a	nember	
	resentative	•		

Page 3 of 3

Filing Fee: \$25.00

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