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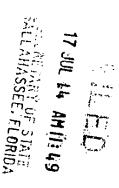
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· COVER LETTER

Division of Cor		
CLID IN CHI	W Properties LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	pondence concerning this matter to the following:	
	Steven Ekovich	
	Name of Person	
	Galleon CW Properties	
	Firm/Company	
	5008 Galleon Ct	
	Address	
	New Port Richey FL 34652	
	City/State and Zip Code	
	sekovich@mmreis.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
steve ekovich	813 503 3118 at ()	
Name o	at () of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status	f Status &

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

Galleon CW Properties LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L17000099106</u> .	any were filed on May 5 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		T 9U 16 MM
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>er</u> <u>here</u> :	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City	Zin 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steven Ekovich	5008 Galleon Ct new Port Richey F	Add
			Remove
			Change
MGR	Mark Roth	4976 Galleon Ct. New Port Richey,	Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add 3
			Remove SSEE
			
			□ Remove
			☐ Change
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Effective date, if other than the date of filing an effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of States.	d cannot be prior meet the applica	able statutory f	r more than 90 days			
e record specifies a delayed effective of The 90th day after the record is filed.		t an effectiv	e time, at 12:	01 a.m. on the	e earliei	er (
Dated - 7/11/17	·,	·	\neg			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00