

05/11/2017 12:32

Division of Corporations

(FAX)

P.001/005

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.  
Account Number : I20170000034  
Phone : (239) 689-1096  
Fax Number : (239) 791-8132

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

Email Address: Legal@your-advocates.org

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GAL U.S.A. HOLDINGS, LLC

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GAL U.S.A. HOLDINGS, 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:

RITA JACKMAN

\_\_\_\_\_  
Name of Person

POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

\_\_\_\_\_  
Firm/Company

4575 VIA ROYALE STE 200

\_\_\_\_\_  
Address

FORT MYERS, FL 33919

\_\_\_\_\_  
City/State and Zip Code

LEGAL@YOUR-ADVOCATES.ORG

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

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TALLAHASSEE, FLORIDA  
17 MAY 11 AM 10:05

For further information concerning this matter, please call:

RITA JACKMAN

239 689-1096

\_\_\_\_\_  
Name of Person

at ( )  
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

GAL U.S.A. HOLDINGS, 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 05/09/2017 and assigned  
Florida document number L17000103299.

This amendment is submitted to amend the following:

**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 "LLC."*

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 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*

*City*

*Florida*

*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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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	OFER GAL BARUCH		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	OFER BARUCH GAL	709 CAPE CORAL PARKWAY W	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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