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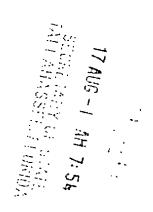
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COVER LETTER

	egistration So ivision of Cor				
CHD IEZZ		ELECTRICAL SERVICES OF	CHARLOTT	E COUNRY "LLC	···
SUBJECT	·	Name of Lim	ited Liability Co	ompaný	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filin	g.	
Please retu	rn all correspo	ondence concerning this matter	to the followin	ng:	
		Julia Greenberg - Aguilar			
			Name of	Person	"
		MyUSAcorporation.com			
			Firm/Co	mpany	
		1 Radisson Plaza, Ste.800			
			Addr	ess	
		New Rochelle, NY 10801			
			City/State and	d Zip Code	 _
		johne7379@gmail.com			
				ture annual report no	tification)
For further	information c	oncerning this matter, please ca	all:		
Julia Greer	nberg-Aguilar		877 at (7- 330-2677	
-	Name o	î Person		Gode Daytir	ne Telephone Number
Enclosed is	a check for th	ne following amount:			
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifie	iling Fee & d Copy a copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 issee, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALAXY ELECTRICAL SERVICES OF CHARLOTTE COUNTY "LLC"

(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000112245</u>	were filed on $\frac{05/22/2017}{}$ and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
GALAXY HOME SERVICES OF CHARLOTTE COUNTY LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	130 E Marion Ave # 510665	
(Mailing address MAY BE A POST OFFICE BOX)	Punta Gorda, FL 33951	
registered agent and/or the new registered office address here Name of New Registered Agent:	17 AUG	
New Registered Office Address:	\$87	
	Enter Florida street address Florida	
	City Lip Cale	
New Registered Agent's Signature, if changing Registered Agent:	·*	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as positing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with a population of my duties, and I am familiar with a population of this documn of the formal this do	and
If Chan	l ging Registered Agent, Signature of New Registered Agent	
Page 1	of 3	

If amendin or removed	nmending Authorized Person(s) authorized to manage, <u>enter the tit</u> removed from our records:		Idress of each person being added
MGR = M AMBR = A	lanager Authorized Member	·.	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jeff Zwerin	7507 Firenze Ln.	_ _ _ Add
		Naples, FL 34114	□ Remove
			□ Change
			🗆 Add
			□ Remove
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			Add
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ctive date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	e specific and cannot be prick does not meet the appli	or to date of filing or more the cable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 60 uirements, this date will not be lis	05,02 sted
record specifies a delayed one 90th day after the recor	effective date, but n d is filed.	ot an effective time,	at 12:01 a.m. on the ear	lier
ed July 26th	. 2017			
Jh (ignature of a member or auti	horized representative of a n	nember	
•				

Page 3 of 3

Filing Fee: \$25.00