## L17000 235 512

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	

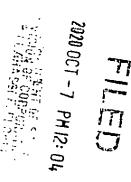
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OCT 1 9 2028 S. YOUNG



September 11, 2020

GUILAINE EVARISTE 998 NE 167 STREET NORTH MIAMI BEACH, FL 33162

SUBJECT: GALOI INVESTMENTS, LLC

Ref. Number: L17000235512

We have received your document for GALOI INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00017306

Shelia S Young Regulatory Specialist II

www.sunbiz.org

Division of Commentions B.O. DOV 0007 Well-1 ... Dl. 11 0001

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	rporations			
	GHTHOUSE, LLC	1	0	
SUBJECT:	Name of Lin	nited Liability Company 7		
The enclosed Articles of	Amendment and fee(s) are sub-	smitted for filing		
		-		
ricase return an correspo	ondence concerning this matter	to the following:		
	LEOPOLD EVARISTE			
		Name of Person	<del></del>	
	LEO REALTY, INC.			
	Firm/Company			
	998 NE 167 STREET			
		Address	<del></del>	
	NORTH MIAMI BEACH	, FL 33162		
		City/State and Zip Code	<del></del>	
	Leopoldevariste@yahoo.co			
		to be used for future annual report noti	fication)	
For further information c	concerning this matter, please c	all:		
LEOPOLD EVARISTE		786 306-0390		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he 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 Addres	is:	Street Address:		
Registration S	Section	Registration Section		
Division of C P.O. Box 632		Division of Cor		
r.O. Box 032	, <i>I</i>	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

걸

GALOI INVESTMENTS, LLC			72 00 1	
(Name of the Limiter	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)	T1 (1) - 1 T1 T1	
The Articles of Organization for this Limited Lia Florida document number L17000235512	oility Company	were filed on 11/14/2017	and assigned 7	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liah	oility company here:		
GOD'S LIGHTHOUSE, LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:	998 NE 167 ST		
(Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI BEACH, FL 33162		
		<del></del>		
Enter new mailing address, if applicable:		998 NE 167 ST		
(Mailing address MAY BE A POST OFFICE B	<u>9X)</u>	NORTH MIAMI BEACH, FL 33	162	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office : <u>here</u> :	address on our records, <u>enter th</u>	e name of the new registered	
Name of New Registered Agent:	SAME			
New Registered Office Address:	SAME			
		Enter Florida street address		
		, Flori		
		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 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
			□Remove
			□Change
		<del></del>	□Remove
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		10/08/2020			
Effective date, if other than the (If an effective date is listed, the date must	date of filing:	:	date of tiling or me	optio	nal)
<b>Note:</b> If the date inserted in this bl	ock does not me	eet the applicab	le statutory filing	requirements, this	date will not be listed as
document's effective date on the D	epartment of St	ate's records.			
e record specifies a delayed effectiverd is filed.	e date, but not a	nn effective time	e, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
D OCTOBER 5		2020			
Dated				4	
	1 ou	1	Evar	ate	
-	Signature of a m	ember or authori:	ed representative	of a member	

Typed or printed name of signee