L17000245280

(Requestor's Name)
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(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Quainers Entity Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Signahur

Office Use Only



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COVER LETTER

Div	ision of Cor	porations				
cup ipag	GALPOX I	.L.C				
SUBJECT:	_	Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		KABIR FRUTOS				
		KABIR CAPITAL LLC	Name of Person			
			Firm/Company			
		1200 BRICKELL AVE., S	TE. 800			
Firm/Company 1200 BRICKELL AVE., STE. 800 Address MIAMI. FL 33131 City/State and Zip Code ACCOUNTING@KABIRCAPITAL.COM						
		MIAMI, FL 33131				-
		ACCOUNTING@KABIRC			is ers	
		E-mail address: (to be used for future annual report notifi	cation)	ch.	
For further i	nformation c	oncerning this matter, please c	all:		7	٠:
KABIR FRI	IJTOS		786 233-0132 at ()		4 2: 46	
	Name o	f Person	Area Code Daytime	Telephone Number	2	CAMONS
Enclosed is	a check for th	ne following amount:				
■ \$25.00 B	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)		
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301



November 21, 2018

KABIR FRUTOS KABIR CAPATAL LLC 1200 BRICKELL AVE., STE 800 MIAMI, FL 33131

SUBJECT: GALPOX LLC Ref. Number: L17000245280

We have received your document for GALPOX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Diane Cushing Senior Section Administrator

Letter Number: 418A00023977

RECEIVED 2018 DEC-6 AM 11: 43

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALPOX LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companional Florida document number $\frac{1.17000245280}{1.17000245280}$.	y were filed on 11/30/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	495 BRICKELL AVE., APT. 2019
(Principal office address MUST BE A STREET ADDRESS)	MIAMLFL 33131
Enter new mailing address, if applicable:	495 BRICKELL AVE., APT. 2019
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Ch	anging 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>	<u>Address</u>	Type of Action
MGR	HECTOR POUS RIVERO	495 BRICKELL AVE., STE. 2019	
			
		MIAMI, FL 33131	
			Pemove
			🗀 Change
MCD	HECTOR POUS RIVERO	145 SW 13 ST, APT 319	
MGR			
		MIAMI, FL 33130	
			Remove
			□ Change
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	<u> </u>
	
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E. Effe	ctive date, if other than the date of filing: (optional)
(If an o	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
	21 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed iment's effective date on the Department of State's records.
If the -	are and are delicing an delay and defending data, but not an effective time, at 13,01 a.m. on the parlies
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.
(-)	
***	d 12/03 2018
Date	
	((/2 2//5))
	Signature of Amember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00