

L18000027505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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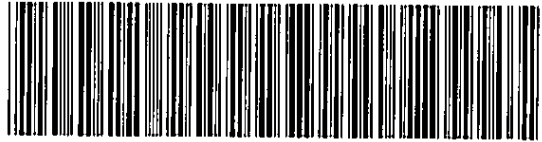
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

CS
10/23/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SECURESOURCE IP, 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:

J. BROCK MCCLANE

Name of Person

FISHER RUSHMER, P.A.

Firm/Company

390 NORTH ORANGE AVENUE, SUITE 2200

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

DKALLAS@FISHERLAWFIRM.COM

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

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

DEBORAH A. KALLAS

at (407) 843-2111
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SECURESOURCE IP, 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 1/30/2018 and assigned
Florida document number L18000027505.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GALWAY FP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10744 SW 17TH PLACE

(Principal office address MUST BE A STREET ADDRESS)

DAVIE, FLORIDA 33324

Enter new mailing address, if applicable:

10744 SW 17TH PLACE

(Mailing address MAY BE A POST OFFICE BOX)

DAVIE, FLORIDA 33324

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

_____, Florida _____
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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JEFFERSON B. MCCLANE	1306 LANCASTER DRIVE	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIAM MOLLOY	10744 SW 17TH PLACE	<input checked="" type="checkbox"/> Add
		DAVIE, FLORIDA 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELLIE GUBENKO	10744 SW 17TH PLACE	<input checked="" type="checkbox"/> Add
		DAVIE, FLORIDA 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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F. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 11 2021

Signature of a member or authorized representative of a member

JEFFERSON B. MCCLANE

Typed or printed name of signee

Filing Fee: \$25.00