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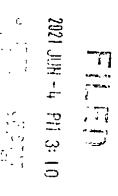
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Special Instructions to Filing Officer:
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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
Out to con	Angle B	uildings, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
Please return all correspo	indence concerning this matter	to the following:			
		Katie Morrissey			
		Name of Person		_	
		Angle Buildings, LLC			
		Firm/Company		- , ,	7371
		- 1	7921 JUH-4		
		Address			+
		Cape Canaveral, FL 32920			PH 3: 10
		City/State and Zip Code			بب —
		atiepencil@yahoo.com to be used for future annual report not	ification)	1 1	0
For further information c	oncerning this matter, please c				
Kati	e Morrissey	321 848-3255			
Name o	f Person	at () Area Code Daytin	ne Telephone Numbe	r	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Statu	
Mailing Addres Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 8	310	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angle	Buildings, LLC		
(Name of the Limited Liability (A Florida l	Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Torida document numberL18000101432	ompany were filed on	04/25/18	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :	
Galaxy Buildings,	LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRI</u>	<u></u>		72 Canada
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			PH 3: 10
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our rec	ords, <u>enter the na</u>	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	a street address	
		P11	
	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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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effective dat	te is listed, the date must be specate inserted in this block does	ritic and cannot	be prior to dat	of filing or mo	ore than 90 day z requirement	s after tilin s. this dat	g.) Pursu e will no	ant to 605.0 of be listed
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ord specifi filed.	ies a delayed effective date,	but not an effe	ective time, a	t 12:01 a.m. c	on the earlier	of: (b) - 1	he 90th	day after
ed	June 1	·	2021					
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Filing Fee: \$25.00