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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: 1501 GAlinetta CT LLC	
Name of Limited Liability Company	
$\cdot$	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
FRANK GONZALEZ  Name of Person	
Name of Person	
1501 Galinetta Ct LLC	
Firm/Company	
66 EAST 18E MY C-	
66 EAST 18 NYC	
110 11 13008	٠,
City/State and Zin Code	i_
FRANK9581 @ 9 Hail. Com	
E-mail address: (to be used for future annual report notification)	:17
For further information concerning this matter, please call:	O
Co. 1 ( ) -1 -2 -2 -4 9 - = =	
Name of Person  Area Code  Davime Telephone Number	
Name of Person	
Enclosed is a check for the following amount:	
S25.00 Filing Fee US30.00 Filing Fee & US55.00 Filing Fee & US60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status	&
Address  LMC NY. 10003  City/State and Zip Code  FRANK 9581 & GMG.1. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  F2ANK GONZALEZ—  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	sed)
MAILING ADDRESS: STREET/COURIER ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

101110

7501 ABONAD	Sa. LLC.	
(Name of the Limited Liability Compan (A Florida Limited L		records.)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	29 \ 18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	CT LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	FRANK 6	1St Rect
(Principal office address MUST BE A STREET ADDRESS)	-60 FA	1 10003
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		HASSELF III
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	;	
Name of New Registered Agent:	Same	
New Registered Office Address:	Sem	
	Enter Florida stree	l address
	City	, FloridaZip Code
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	ee to act in this capacit performance of my du	y. I further agree to comply with the

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>	Address	Type of Action
MgR	KAYlin GOWZAEZ	2501 Galivette LT	DAdd
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ctive date if other	than the date of fi	ling: ///2	9/18	(or	ntional)		
effective date is listed, t	he date must be specific d in this block does no	and cannot be prior t	o date of filing or m	ore than 90 days a	fter filing.)		
	e on the Department						
	delayed effective the record is file		an effective t	ime, at 12:0:	la.m. o	on the	earlier
ed 11/29/12	8	7					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00