## 119000020095

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AUG 23 2020 S. YOUNG

## COVER LETTER

	egistration Sec vision of Corp			'ega a	
eun iræt.	врібнт ті	HINKERS LLC			
SUBJECT		Name of Limi	ted Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		_
		INCFILE.COM LLC			
			Firm/Company	<del></del>	
		17350 STATE HWY 249 S	STE 220		
			Address		
		HOUSTON, TX 77064			
			City/State and Zip Code		<b></b>
		EFILE1234@INCFILE.CO	M to be used for future annual re	eport notification)	
For further	information c	oncerning this matter, please ca		port notification,	
LOVETTE	E DOBSON		855 829- at ()	9090	
	Name o	f Person	Area Code	Daytime Telephone Numb	er
Enclosed is	s a check for th	ne following amount:			
■ \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific osed) Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
	lailing Addres		_	tion Section	
	oivision of C O. Box 632	orporations 7		of Corporations tre of Tallahassee	
	allahassee. 1			Monroe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $\sim$ 

BR	IGHT THINKERS LLC	
(Name of the Limited Liab (A Flor	pility Company as it now appears on our recida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Florida document number L19000020095	·	and assigned.
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	imited liability company here:	
GALLOWAY SMITH PROPERTIES LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	<del>-</del>	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, 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 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
AMBR	HILTON GALLOWAY	1755 COUNTRY ROAD 622	<b>=</b> Add
		ENTERPRISE, AL 36330	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
<del></del>			
			□Remove
			□Change

JULY 7  2020  John Signature of a member or authorized representative of a member					<del></del>
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