## 1190000 42645

(Re	questor's Name)	
(Ad	dress)	_
(Add	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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T. LEIGHEUX

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	(9 A LITI Name of Lim	LLC ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Galif	Jhana Name of Person	
		Name of Person	<del></del>
	Galifi A	146	
		Firm/Company	
	19340 N	$\frac{LLC}{\text{Firm/Company}}$ $\frac{LC}{S} = \frac{19^{+h}}{\text{Address}} = \frac{AVC}{S}$	
		Address	<del></del>
	Miami FL	City/State and Zip Code	
	0111	City/State and Zip Code	
	F-mail address:	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	·	
Palit Of	) nana	at (917) 662 8 Area Code Daytime	1273
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

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

## AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

FILED

Galiti LLC	
(Name of the Limited Liability Company as it now appears on only records.)	
The Articles of Organization for this Limited Liability Company were filed on	d
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of t registered agent and/or the new registered office address here:	<u>he nev</u>
Name of New Registered Agent: Gall J Ohana  New Registered Office Address: 19340 NE 19 <sup>th</sup> AVE	
New Registered Office Address: 19340 NE 19 <sup>th</sup> AVE  Enter Florida street address	
Miami, Florida 33/7	<u> </u>
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>	Address	Type of Action
MGR	Galit Ohuna	19340 NE 19th AV	DaY Add
			□ Remove
	, ,		Change
MGR Ilan Shana	19340 HE 19th AV MINMI FE 33179	ØYAdd	
		☐ Remove	
		<del> </del>	☐ Change
<del></del>			
		<del></del>	Remove
			Change
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			☐ Change
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		C Remove	
			☐ Change

. II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	<del> </del>
_	
<u>.</u>	
If an effection Note: 11	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated _	3-13-2019  Calif Chan— Signature of a member or authorized representative of a member
	Carlif Char-
	Calif Ohana  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00