# L19000064261

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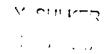
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### **COVER LETTER**

TO:	Registration Se Division of Cor		3.	
OLUB II	GALAXY T	TV LLC		٠.
SUBJI	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		JEFFREY INMAN		
		GALAXY TV LLC	Name of Person	
		5276 DELTONA BLVD	Firm/Company	
		SPRING HILL, FL 34606	Address	
			City/State and Zip Code  2  hotmall.com to be used for future annual report notif	
For fu	ther information c	n-mail address: (i		ncation)
JEFFR	REY INMAN		727 237-0003 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALAXY TV LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited)	iny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited L Florida document number L19000064261	iability Company	were filed on 03/06/2019	and assign	ned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C	<del></del>
Enter new principal offices address, if applicable:		5276 DELTONA BLVD		
(Principal office address MUST BE A STRE	ET ADDRESS)	ESS) SPRING HILL, FL 34606		
Enter new mailing address, if applicable:		5276 DELTONA BLVD	2019 NO SECA TALL A	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		SPRING HILL, FL 34606		,
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of	the new
Name of New Registered Agent:	JEFFREY INM	IAN		
New Registered Office Address:	5276 DELTON			
		Enter Florida street aa	ldress	
	SPRING HILL		, Florida <u>34606</u>	
		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>	Type of Action
AMBR	JEREMY NELSON	8130 JASBOW JUNCTION	
			□ Add
		WEEKI WACHEE, FL 34613	
			Remove
			Change
			Add
			Remove
			Change
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. Effective date, if othe	r than the date of filin	va.		(optional)	
(If an effective date is listed, Note: If the date inserte	the date must be specific and in this block does not to on the Department of	d cannot be prior to d meet the applicable	ate of filing or more than	90 days after filing.) Pursua	ant to 605.020 of be listed as
the record specifies b) The 90th day afte	a delayed effective or the record is filed.	date, but not a	n effective time,	at 12:01 a.m. on th	e earlier o
Dated		2019			
Dated		·			

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Typed or printed name of signee

Filing Fee: \$25.00