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T. LEWIEUX

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Galore Bental LLC Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Temisha Louis Name of Person					
Firm/Company					
11000 AND EXTRAINE					
10020 JUW 5' 1000 Address					
Miami, FL, 33168					
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Tem Sha Louis at 305, 467, 4984 Name of Person Area Code Daytime Telephone Number					
nayana raapinina nama					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee.} \\ \text{Certified Copy (additional copy is enclosed)} \text{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

Galore	Rental LC	FILED
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number <u>LI 9000 10334</u>	Company were filed on Apr	11 16, 2019 MAY 10 A # 10 and assigned HID ALLAHASSEE, FLURIDA
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designati	on "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)		
		····
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strei	et address
	City	, Florida
		inp seems

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
MGR	Mazia Miller	10820 NW 5th ave, Mian, Fl	<i>33168</i> 0 7Add
			□ Remove
			Change
			CJ Add
			C Remove
			Change
			D Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			🗆 Change
			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s)	
Want to add n	19218 Miler Ors
an other mai	rager to Galore Rental U.C.

E. Effective date, if other than the date of filing: 100 (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the addocument's effective date on the Department of State's recommendate.	prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) oplicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but (b) The 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier of:
Dated May 7, 20 Complete Signature of a member of	authorized representative of a member
Temisha L Typed or	OU S printed name of signee

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Filing Fee: \$25.00