L19000176269

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	*)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corp	porations		
SUBJECT:		ted Liability Company	
The unclosed Articles of	Amendment and fee(s) are subr	nitted for filing	
Please return all correspo	ndence concerning this matter t	-	
	Rich	Name of Person	cman
	6	Firm/Company	<u>-</u>
		Dorer Street	
	Boca Ra	ton, FL 3	3487
	Riche E-mail address: (to	City/State and Zip Code 246 @ 9mg o be used for future annual peport notif	ication)
For further information co	oncerning this matter, please ca		,
Picker d Name of	ENlickmon	at (56/) 302	2 - 3 7 9 7 c Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$50.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAL	NCAST LLC	
(Name of the Limited I. (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilifornida document number <u>L 19000176</u>		$\sqrt{8/2019}$ and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
	 -	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
3. If amending the registered agent and/or registered agent and/or the new registered office address h		ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
-	City	, Florida Zip Code
	Cuy.	zsp Couc

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>	<u>Name</u>	Address		Type of Action
MGR	Sharan Hayut Ehrli	ckman	300 E 549 St.	. CBAdd
	Sharan Hayut Ehrli		At 11CDE	□ Remove
			NY, NY 100.	22 □Change
				□Add
				□Remove
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			18.100	🗆 🖊 dd
				□Remove
				□Change

	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
an effective date is list of the date in t	other than the date of filing:
record specifies a clis filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated	October 17, 2022
	Signature of a member or authorized representative of a member
	Richard Ehrlickman