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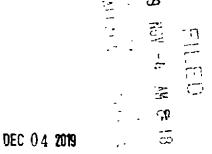
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S. YOUNG

## **COVER LETTER**

TO:

го:	Registration Se Division of Cor				
	7 < 179	SKV CABINETS GALA	XY LLC		
SUBJE	ECT:	Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		C	ARMEN JULIA SKVRNA	A	
			Name of Person		
			Firm/Company		
			1539 CRESTIDGE DR		
			Address		<del></del>
			KISSIMMEE, FL 34746		
		r	City/State and Zip Code ctaxservice@earthlink.com	1	<del></del>
		E-mail address: (	to be used for future annual re	port notificati	on)
For fur	rther information c	oncerning this matter, please co	ıll:		
	CARMEN.	JULIA SKVRNA	at ()	3012185	
•	Name o	f Person	Area Code	Daytime Te	lephone Number
Enclos	sed 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 enclo		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi	ING ADDRESS: ration Section on of Corporations	Registratio	COURIER on Section of Corporatio	ADDRESS:
	P.O. B	ox 6327 assee, FL 32314	Clifton Bu		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

****	INETS GALAXY LLC	<u> </u>	
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears mited Liability Company)	on our records.)	E E
The Articles of Organization for this Limited Liability Com	npany were filed on	08/21/2019	and assigned
Florida document numberL19000214143			<u>.</u>
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>re</u> :	
			W. F. (2.1)
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C.
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register	red office address on	our records, enter	the name of the n
registered agent and/or the new registered office addres	<u>ss here</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	,		
	City	, Florida _	Zin 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOSE MANUEL LOPEZ	1539 CRESTRIDGE DR KISSIMMEE, FL 34746	<b>■</b> Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
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Affective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this belocument's effective date on the E	lock does not meet th	he applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing.) Pursu ements, this date will no	ant to 605.0207 ( of be listed as t
e record specifies a delaye The 90th day after the rec	d effective date, ord is filed.	but not an e	effective time, a	t 12:01 a.m. on th	e earlier of
OCTOBER 31	20	19			
Anha					
			epresentative of a me		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00