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(Re	questor's Nam	e)
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PICK-UP	☐ WAIT	MAIL
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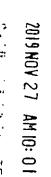
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COVER LETTER

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aren in		GALAXY 52	4 EXPORT	LLC					
SUBJE	CI:			Name of Lim	nited Liability Con	mpany			
The end	losed	Articles of A	mendment a	nd fee(s) are sub	omitted for filing	3.			
Please 1	eturn	all correspond	lence concer	ning this matter	to the following	g:			
			ELIO J N	ATERA					_
				•	Name of	Person	-		_
			GALAXY	524 EXPORT	LLC				
					Firm/Cor	mpany		-	-
			10773 NW	7 58TH ST #90					
			-	-	Addre	ss			_
			DORAL,	FL 33178					
					City/State and	Zip Code		_	_
			elionatera l	I@gmail.com	to be used for fut	ure annual rer	ort notification	<u> </u>	
For furt	her ir	nformation con	cerning this	matter, please o		are amaar rep	Ant nouncetton	,	
ELIO I	NAT	TERA		l	305		8030		
		Name of P	erson		at (Area		Daytime Telep	hone Numbe	·r
Enclose	ed is a	check for the	following at	nount:					
■ \$25	5.00 P	Tiling Fee		Filing Fee & cate of Status	S55.00 F Certified (additional			Certifie	ate of Status &
	Reg Div P.C	iling Address: gistration Se vision of Cor D. Box 6327 lahassee, FI	rporations			Division of The Centre 2415 N. N	ress: ion Section of Corporati re of Tallah: Monroe Stre ee, FL 3230	assee et, Suitc (8 10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALAXY 524 EXPORT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/24/2019}{10/24/2019}$ and assigned Florida document number 1.19000267503 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 "LLC." 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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
AMBR	NATERA SANABRIA, ALFREDO	10773 NW 58TH ST #90	□Add
		DORAL, FL 33178	■Remove
			□ Change
			□Add
			□Remove
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Page 2 of 3

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ctive date. if other than	the date of filing: (ontional)
effective date is listed, the date	the date of filing: (optional) e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 his block does not meet the applicable statutory filing requirements, this date will not be listed
	he Department of State's records.
ecord specifies a dela	Byed effective date, but not an effective time, at 12:01 a.m. on the earlier
ne 90th day after the	record is filed.
NOVEMBER 25	2019
ed	———, —————————————————————————————————
	BUND
	Signature of a member or authorized representative of a member
	t e e e e e e e e e e e e e e e e e e e
ELIO J NATERA	

Page 3 of 3

Filing Fee: \$25.00