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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

Galore Esta	tes LLC				
SOBJECT:	Name of Limi	ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Paul Tuma III				
		Name of Person			
	Galore Estates LLC				
		Firm/Company			
	11480 Ferendina Way				
		Address			
	Spring Hill, FL 34609				
		City/State and Zip Code			
	paultuma@protonmail.com				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca	all:			
Paul Tuma III		631 5609436 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 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 Addres Registration S Division of C P.O. Box 632	Section Orporations	Street Address: Registration Se Division of Co The Centre of	rporations		
Tallahassee, l			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Galore Estates LLC

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(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 11/26/2019 ____ and assigned Florida document number L19000291931 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 "L.L.C." 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If almending 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	Paul Tuma	11480 Ferendina Way	= Add
		Spring Hill, FL 34609	□Remove
MGR	Alexandria Burney	16124 Lacanto St.	
		Brooksville, FL 34604	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
		□Change	
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	e date, if other the tive date is listed, the			prior to date of fi	ling or more than	(optional)	Pursuant to 605.0207
Note: 11	the date inserted i	n this block does	not meet the ap	pplicable statut			
locumei	nt's effective date of	on the Departmen	t of State's reco	ords.			
	specifies a delayed	effective date, bu	it not an effecti	ive time, at 12:0	11 a.m. on the e	arlier of: (b) The	90th day after the
d is file	d.						
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