## L20000226584

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SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

GALAXY	LUXURY SERVICES LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
			7 . 21
		Name of Person	SECH ALLY
	enclosed Articles of Amendment and fee(s) are submitted as a return all correspondence concerning this matter to the series of t		2022 JUL 12 PM 4: 09 SECRUTARY OF STATE TALLAHASSEE, FLORID
		Firm/Company	ET T
	3500 DULUTH PARK LN	N. STE 500	4: 09 STATE FLORID
		Address	
	DULUTH, GA 30096		
		City/State and Zip Code	
		to be used for future annual report notifica	45.54
For further information c			(ioii)
JINGSONG ZHOU		770 814-9112	
Name o	of Person		elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address: Registration Section	on
Division of C	Corporations	Division of Corpo	rations
P.O. Box 6327		The Centre of Tall	lahaccee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALAXY LUXURY SERVICES LLC

(Name of the Limited Liability Con (A Florida Limite	ed Liability Company)	recoras.)
The Articles of Organization for this Limited Liability Comparior $\frac{L20000226584}{L20000226584}$	any were filed on $\frac{07/29/2020}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		2022 TALL
		IL 12 HASS
Enter new mailing address, if applicable:	<del></del> -	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	mo z
		95 :
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<ol><li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li></ol>	ce address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
		, Florida
	Ciņ·	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent a peing filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of my dut as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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
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			□Remove
			□ Change
			□Add
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			Change
	<del></del>		□Add
			Remove
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ANY AND ALL LAWFUL BUSINE	ESS;		
MEMBER OF THE LIMITED LIAB	SILITY COMPANY IS AS FOL	LLOWS:	
SI CHEN			
14733 GLADE HILL PARK WAY,	WINTER GARDEN, FL 34787		
INTEREST: 100%			
***			
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tive date, if other than the date of flective date is listed, the date must be speci If the date inserted in this block does nent's effective date on the Departme	ific and cannot be prior to date of fil s not meet the applicable statute	ing or more than 90 days after	r filing.) Pursuant to 60
rd specifies a delayed effective date, biled.	out not an effective time, at 12:0	H a.m. on the earlier of: (b	) The 90th day at
JULY 7TH	. 2022		

Filing Fee: \$25.00