## L20000 349 052

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
, , ,						
(Document Number)						
(2000)						
Certified Copies Certificates of Status						
Certified copies						
Special Instructions to Filing Officer:						
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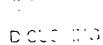
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

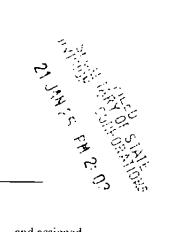
Div	ision of Corp	orations				
	GALLEON !	RENOVATION LLC				
SUBJECT:		Name of Limited Liability Company				
			16 Cl.			
the enclosed	Articles of A	anendment and fee(s) are sub	mitted for fitting.			
Please return	ali correspon	dence concerning this matter	to the following:			
		MICHAEL G MOORE				
	Name of Person					
		HOLMES FRASER PA				
Firm/Company						
	711 5TH AVE S, STE 200					
	Address					
		NAPLES, FLORIDA 3410	)2			
	City/State and Zip Coxle					
		MICHAELGMOORE@CC		21 JAN 2		
		E-mail address: (	to be used for future annual report notification)			
For further in	iformation co	ncerning this matter, please c	all:	S PI		
MICHAEL	G. MOORE		239 398-6103 at ( )	2: 0?		
Name of Person		Person	Area Code Daytime Telephone Number	ບໍ.		
Enclosed is a	check for the	following amount:				
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Reg	iling Address: gistration Serision of Co	ection	Street Address: Registration Section Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## GALLEON RENOVATION 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 Liab		020 and assigned		
Florida document number L20000349052	<del></del> ·			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liability company here:			
GALLEON COMPANIES LLC				
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
		<del></del>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office address?  Name of New Registered Agent:  New Registered Office Address:	istered office address on our record nere:	ls, enter the name of the new registered		
	Enter Florida street address			
_		, Florida Zip Code		
	·	Zip Code		
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registed being filed to merely reflect a change in the registed company has been notified in writing of this change in the registed in writing of this change in the change in the registed in writing of this change in the chan	and complete performance of my d red agent as provided for in Chapt sistered office address, I hereby con	uties, and I am familiar with and er 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 Title Name Address Type of Action \_\_\_\_\_\_\_\_\_\_□Add \_\_\_\_\_ □Change \_\_\_\_\_\_ DAdd \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ Change \_\_\_\_\_ □Remove ———————— □Change

D. If amending any other inform	ation, enter change(s) here:	(Attach additional sheets, if no	ecessary.)
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to block does not meet the applicat	date of filing or more than 90 days at ole statutory filing requirements, t	his date will not be listed as the
the record specifies a delayed effect cord is filed.	ve date, but not an effective tim	ne, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated	2021		
- <del></del>			
July B=30mb (Jan 25, 2021-1), 13 ES	Signature of a member or author	ized representative of a member	
JOHN "JAY" BARNI	S II, MANAGER		
	Typed or printed	name of signee	