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T. MATTHEWS JAN 19 2022

COVER LETTER

TO: Registration So Division of Cor			
	estment LLC		•
SUBJECT:	Name of Lin	Stee 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:	
	Hamza Rashid		
		Name of Person	····
	Galaxy Investment LLC		
		Firm/Company	
	130/160 SANTA BARBA		
		Address	
	Cape Coral, Florida 33991		
		City/State and Zip Code	
	galaxysmokeco@gmail.com	n to be used for future annual report not	, <u></u>
Con Frank on the State of the Con-			1 76 CON
	concerning this matter, please e		
Hamza Rash f		239 699-5511 ai ()	
Name o	if Person	Area Code Daytin	ne Palaphe we Europer
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© 360.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Matte		Fr	
<u>Majling Addres</u> Registration (Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	rpotations
P.O. Box 632		The Centre of T	
Tallahassee,	F1. 32314	2415 N. Monro	et Street, Suite 810 Intenna

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 JAN -6 PN 3: 34

Galaxy Investment LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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:	Florida document number L21000210154		
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 register agent and/or the new registered office address here: Now Registered Office Address: Enter Florida wrong of break. City Zip Code			
Enter new mailing address, if applicable: (Principal office address, if applicable: (Principal office 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florada wivest welchess Enter Florada wivest welchess Enter Florada wivest welchess Enter Florada wivest welchess Florida Zip Code	This amendment is submitted to amend the following:		
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 register agent and/or the new registered office address here: Na ne of New Registered Agent: New Registered Office Address: Enter Florida views address Florida City Zip Code	A. If amending name, enter the new name of the limited liabi	ility company here:	
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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florato wireer weldress City Zip Code	The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street offices City Zip Code	Enter new principal offices address, if applicable:		
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 register agent and/or the new registered office address here: Na ne of New Registered Agent: New Registered Office Address: Enter Florida viver actives City Zip Code	(Principal office address MUST BE A STREET ADDRESS)		
(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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address Florida City Zip Code			
(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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address Florida City Zip Code			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: Naw Registered Office Address: Enter Florida street address Florida Zip Code	Enter new mailing address, if applicable:	\$ 0.47-188-0-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0	·
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address Florida City Zip Code	(Mailing address MAY BE A POST OFFICE BOX)		
Na ne of New Registered Agent: New Registered Office Address: Enter Florida virgor ac/dress City Zip Code			
Na ne of New Registered Agent: New Registered Office Address: Enter Florida	B. If amending the registered agent and/or registered office a	address on our records, enter the	name of the new register
New Registered Office Address: Enter Florado street activess		the control of the co	mante of the flett register
New Registered Office Address: Enter Florado street address			
Enter Florido street achress , Florida	Na ne of New Registered Agent:		
City , Florida	New Registered Office Address:		
·		Enter Florido stræt address	
·		, Florid	la
		City	Zip Code

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 davies, 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
MGR	Hamza Rashid	1543 Whiteshell Way	= Add
		North Fort Myers, Florida 33903	
			□Change
			□Add
			□Remove
			Change
			OAdd
			CIRemove
			Remove
			Change
			□Add
			□Remove
			□ □ □ Change
			□Add
			Remove

	Signature of a member or autho	rized representative of	iī.
	Signature of a member or autho		
Dated November 5th	, 2021		
e record specifies a delayed effective rd is filed.	e date, but not an effective tit	ne, at 12:01 a.m. o	n the
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applica	to date of filing or mo able statutory filing	(optional) re turn 90 days after filing.) Pursuant to 605 0207 (2 requirements, this date will not be listed as th
Effective days 20 athorses	A 6 1212		
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