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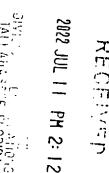
(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE JUL 12 2022

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GALAXY PROJECT	LLC			
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			-	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	07/00			UCC 1 or 3 File
	07/08	~··		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

GALAXY F	PROJECT LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears hability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	06/15/2022	and assigned	
Florida document numberL22000272373				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de-	signation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u></u>	
	ISONI COLLINS	S AVE. APT. 1902.		
Enter new mailing address, if applicable:		BEACH, FL, USA, 331	60	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our re	cords, <u>enter the nam</u>	e of the new register	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	la street address		
		, Florida		

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 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
			Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
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D. II amending	any other information, ente	r change(s) nere: 7.	-titaen aaamonat sneets	, if necessary.)	
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Note: If the d	te, if other than the date of fi ate is listed, the date must be specific date inserted in this block does not ffective date on the Department of	ot meet the applicable	ite of filing or more than 90 d statutory filing requireme	_ (optional) ays after filing.) Pursuant to 60 ents, this date will not be lis	05.0207 (3)(1 sted as the
f the record specif ecord is filed.	fies a delayed effective date, but	not an effective time.	at 12:01 a.m. on the earlic	er of: (b) The 90th day aft	er the
Dated	JULY 08	2022			
		111/	>		
_	Signature o	of a member or (utho) (ze)	representative of a member	 	
	-	ALBERTO GU			

Typed or printed name of signee