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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future ఆర్థామాగులు report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE SOAPY GALAXY LLC

Certificate of Status	0
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Help

JUL 3 1 2023

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SOAPY GAL		<i>;</i> :
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	-
The Articles of Organization for this Limited Liability Comp	any were filed on <u>09/22/2022</u> and a	assigned
Florida document number <u>L22000413742</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Galaxy Gifts LLC		
The new name must be distinguishable and contain the words "Limited E	lability 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	2	
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		······
		•
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ice address on our records, enter the name of the n \sqrt{z}	iew registered
		ງ ສ
Name of New Registered Agent:	<u>.</u>	.a ≐ .
N. R. daniel O.C. A. H.		
New Registered Office Address:	Enter Florida street address	<u></u>
	77 22 23 24 24 25	ם <u>ר</u> ו
	, Florida	7 _e
New Registered Agent's Signature, if changing Registered Age	ent:	-
I hereby accept the appointment as registered agent and d		nply with the

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.

	12:36:35	

To: 19506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
		-	□Add
			Change
			□Add
			□ Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Note: If the date inserted in thi	the date of filing:
the record specifies a delayed effectord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated July 28	<u>2023</u> .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Robin Jones Typed or printed name of signee