## 624000155510

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08/19/24--01016--014 \*\*30.00

i. Hunt 08/19/24

## **COVER LETTER**

TO: Registration Se Division of Cor			
	HINE STATE REALTY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MONIKA GALANG		
		Name of Person	
	MONIKA GALANG, LLO		
		Firm/Company	<del></del>
	4791 NW 2ND AVE # 20:	2	; <u>-</u>
		Address	<del></del>
	BOCA RATON, FL, 3343	il.	, p
	Marie Control	City/State and Zip Code	-
	REALESTATE.MONIKAG	<del>-</del>	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
MONIKA GALANG		954 818-3709 at ( )	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Se	ection
Registration Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>x</u> )
he Articles of Organization for this Limited Li	iability Company	were filed on 04/01/2024	and assigned
orida document number L24000155510			
is amendment is submitted to amend the follo	owing:		
If amending name, enter the new name of	Ü	úlity company here:	
ONIKA GALANG, LLC	t the minted had	my company nere.	
e new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applic	ablar	4791 NW 2ND AVE # 202	
rincipal office address MUST BE A STREE		BOCA RATON	- ?
THE CONTROL WASTREE	<u> 1 ADDRESS)</u>	FL, 33431	
nter new mailing address, if applicable:		4791 NW 2ND AVE # 202	
Mailing address MAY BE A POST OFFICE BOX)		BOCA RATON	- 1
	<u> </u>	FL, 33431	
		~ <del>.</del>	
If amending the registered agent and/or rent and/or the new registered office address		address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:	MONIKA GAI	LANG	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	4791 NW 2ND	AVE # 202	
New Registered Office Fiduless.		Enter Florida street addres	5

## 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

**BOCA RATON** 

If Changing Registered Agent, Signature of New Registered Agent

, Florida <sup>33431</sup>

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
			□ Add
			□Remove
			□ Change
	<del></del> ,		☐Add
			□Remove
			: Change
			Add [2]
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Filing Fee: \$25.00