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09/08/24--01020--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HAILTY GALL	TIMELESS TOUNDATION LIC
Sobalet.	Name of Limited Liability Company
The enclosed Articles of Amendment and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	Hailey Gali
Harley	Coli Timeless foundation UC
7742	Firm/Company N. Keudul Drive # 211
	Address At FL 33157-8550 City/State and Zip Code
	City/State and Zip Code Fixeless 316 @ Guail-com ail address: (to be used for future annual report notification)
For further information concerning this matt	
Itailey Gali	at (305) 8070718
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$\$25.00 Filing Fee \$30.00 Filing Certificate	
Mailing Address: Registration Section	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(IMELEIS		-		
(Name of the Limited	d Liability Company A Florida Limited Lia	y <u>as it now appear</u> ibility Company)	s on our records	.)	
The Articles of Organization for this Limited Lia Florida document number	_	vere filed on	6/17/2	24_	and assigned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company he	re:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	y Company," the de	esignation "LLC"	or the abbr	eviation "L.L.C."
Enter new principal offices address, if applical	ble:	7742	v. Kenda	ind Di	ve #211
(Principal office address MUST BE A STREET	ADDRESS)	Miami			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		U. Kowalul FL 3315		
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our re	ecords, <u>enter t</u>	he name	of the new registered
Name of New Registered Agent:	Haile	y Gali			
New Registered Office Address:	7742	N. Cendo	an bysne	⁴ 211	
		Enter Flor	ida street address	2	2/5/ 5
	Miami	- 	, Flo	rida	3156-8550
Non-Books and Assess Of the St. D.		City			Zip Code
New Registered Agent's Signature, if changing Re				_	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the proper notified in writing of the proper notified in writing of the proper notified in writing of this company has been notified in writing of this company has been notified in writing of the proper notified in writing of this company has been notified in writing of the proper notified in writing of the proper notified in writing of the proper notified in writing notified in w	r and complete p tered agent as pr egistered office a	erformance of ovided for in C	my duties, and Chapter 605, F	l I am fai S. Or if	niliar with and this document is

. 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** _____ □Remove _____ Change _____ □Remove _____ □Change _____ □Change _____ Remove _____ □Change Remove _____ Change _____ _ _ _Add

□Remove

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Effective date, if ot	her than the date	of filing:			Contion	al)		
If an effective date is list Note: If the date inse	ed, the date must be spe erted in this block do	ecific and cannot ses not meet the	applicable stati	filing or more than ttory filing requi	(option 90 days after fil rements, this d	al) ing.) Pursua ate will no	ant to 605.	0207 d as
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Filing Fee: \$25.00