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COVER LETTER

TO: Registration Se Division of Cor			
GÁLOS DI	REAMHOUSE BUILDERS LI	i.C	
SUBJECT:	Name of Lin	nited 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:	
	JESUS GALIANO SOTO	MAYOR	
		Name of Person	
	GALOS DREAMHOUSE		
		Lirru Company	
	4708 W BAY VIEW AVE		
	······································	Address	
	TAMPA, FL 33614		: ·
		City State and Zip Code	
For further information c	F-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	Cation)
		ar ()	. 21*,
Name o	il Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filling Fee & Certified Copy additional copy is enclosed.	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address:	d
Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of To	
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

2025 MAY -2 AM 11: 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALOS DREAMHOUSE BUILDERS			
(Name of the Limited)	Linbility Company as it now Florida Limited Liability Com	appears on our records.) pany)	······································
he Articles of Organization for this Limited Liabi lorida document number 1.25000131750	ility Company were filed	on <u>03/26/2025</u>	and assigned
Torida document number	·		
his amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability compa	any here:	
he new name must be distinguishable and contain the word	s "Limited Liability Company	." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	1 Photos	
Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u></u>		
			
3. If amending the registered agent and/or regi	stered office address on	our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address h	<u>iere</u> :		
N (S) (S) (S)			
Name of New Registered Agent:			
New Registered Office Address:			
	Ln	ter Florida street address	
-		Flor	
	C_{RV}		In Code

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. Thereby 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>	Name	<u>Address</u>	Type of Action
MGR	VAZQUEZ, MARIA	4708 W BAY VIEW AVE	
		TAMPA, FL 33611	■Remove
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· — —			□Add
			□Remove
			□Change
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