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SECRETARY OF STATE
SALLAHASSEE FLORID.

COVER LETTER

TO: Registration Sec Division of Corp		4	
F.G.R	. CONSTRUC	CCIONES, LLC	,
SUBJECT: 1 . O.I.		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
•	E. Adriana K	Costencki	
,	_	Name of Person	
	Moreno Kos	tencki P.A.	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1395 Bricke	ell Avenue, Suit	te 900
		Address	
	Miami, FL 3	3131	
		City/State and Zip Code	
	eak@mklfirm.cor		
		to be used for future annual report r	iouncation)
For further information co	ncerning this matter, please ca	all:	
E. Adriana k	Kostencki	$_{\rm at}$ (786) 6830	0196
Name of	Person		time Telephone Number
Enclosed is a check for the	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F.G.R. CONSTRUCCIONES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con Florida document number <u>L14000102214</u>	npany were filed on <u>06/26/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		rus, enter the name of the new
Name of New Registered Agent:		14 OCT -
New Registered Office Address:	Enter Florida street add	
New Registered Agent's Signature, if changing Registered A	City	Florida Zin Code

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.

If Changing Registered Agent, Signature of New Registered Agent

'If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FERRER SJ, NORELYS J	1395 Brickell Avenue	
		Suite 900	= Remove
		Miami, FL 33131	
			Add
•			□ Remove
			□ Add
			□ Remove
		>	□ Add
		ည်း 	0CT -9
		EL ORIO	A COMPRemove
			□ Add
			Remove

If a	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
r.ee	Continue data if other than the data of filings (anti-nal)
(The	cetive date, if other than the date of filing:
Dat	October 2 , 2014
	Signature of a member of surportzed representative of a member
	E. Adriana Kostencki, Esq Moreno Kostencki P.A.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE AND SECRETARY OF STATE