## 106000001059

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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S. WARREN AUG 0 7 2017

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

| GARCA G                       | ROUP, LLC                                                                          |                                                                                                                                                      |                                                                                                 |
|-------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 5000E1.                       | Name of Lim                                                                        | ited Liability Company                                                                                                                               | <del></del>                                                                                     |
|                               |                                                                                    |                                                                                                                                                      | I                                                                                               |
| The enclosed Articles of      | Amendment and fee(s) are sub                                                       | mitted for filing.                                                                                                                                   | İ                                                                                               |
| Please return all correspo    | ondence concerning this matter                                                     | to the following:                                                                                                                                    |                                                                                                 |
|                               | Albert Corrada                                                                     |                                                                                                                                                      |                                                                                                 |
|                               |                                                                                    | Name of Person                                                                                                                                       | <del></del> i                                                                                   |
|                               |                                                                                    | Name of Person                                                                                                                                       |                                                                                                 |
|                               | Albert Corrada CPA                                                                 |                                                                                                                                                      |                                                                                                 |
|                               |                                                                                    | Firm/Company                                                                                                                                         |                                                                                                 |
|                               | 2655 LeJeune Road, Suite                                                           | 902                                                                                                                                                  |                                                                                                 |
|                               |                                                                                    | Address                                                                                                                                              |                                                                                                 |
|                               | Coral Gables, FL 33134                                                             |                                                                                                                                                      |                                                                                                 |
|                               |                                                                                    | City/State and Zip Code                                                                                                                              | <del></del> i                                                                                   |
|                               | yurek.vigo@gasplumbingte                                                           | •                                                                                                                                                    | 1                                                                                               |
|                               | E-mail address: (                                                                  | to be used for future annual report notification)                                                                                                    | <del></del>                                                                                     |
| For further information of    | oncerning this matter, please c                                                    | all:                                                                                                                                                 | 1                                                                                               |
| Albert Corrada                |                                                                                    | 305 804-8569                                                                                                                                         | ı                                                                                               |
| Name o                        | f Person                                                                           | at ()                                                                                                                                                | e Number                                                                                        |
|                               |                                                                                    |                                                                                                                                                      | '                                                                                               |
| Enclosed is a check for the   | he following amount:                                                               |                                                                                                                                                      |                                                                                                 |
| ■ \$25.00 Filing Fee          | □ \$30.00 Filing Fee &<br>Certificate of Status                                    | Certified Copy (additional copy is enclosed)                                                                                                         | 60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Registr<br>Divisio<br>P.O. Be | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COURIER ADDI<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circle<br>Tallahassee, FL 32301 | ı                                                                                               |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GARCA GROUP, LLC                                                                                                                                                                                                                                                                                     |                                                                            |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited                                                                                                                                                                                                                                            | oany as it now appears on our records.)<br>(Liability Company)             |                                                         |
| The Articles of Organization for this Limited Liability Compan lorida document number $\frac{L06000001059}{L06000001059}$ .                                                                                                                                                                          | y were filed on 01/03/2006                                                 | and assigned                                            |
| his amendment is submitted to amend the following:                                                                                                                                                                                                                                                   |                                                                            |                                                         |
| If amending name, enter the new name of the limited lia                                                                                                                                                                                                                                              | bility company here:                                                       |                                                         |
| he new name must be distinguishable and contain the words "Limited Liab                                                                                                                                                                                                                              | oility Company," the designation "LLC" or the                              | abbreviation "L.L.C."                                   |
| inter new principal offices address, if applicable:                                                                                                                                                                                                                                                  |                                                                            |                                                         |
| Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                                                                                                                   |                                                                            |                                                         |
|                                                                                                                                                                                                                                                                                                      |                                                                            |                                                         |
| inter new mailing address, if applicable:                                                                                                                                                                                                                                                            |                                                                            |                                                         |
| Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                            |                                                                            |                                                         |
| <del></del>                                                                                                                                                                                                                                                                                          |                                                                            | ·<br>·                                                  |
| egistered agent and/or the new registered office address he  Name of New Registered Agent:                                                                                                                                                                                                           | <u>re</u> :                                                                |                                                         |
| New Registered Office Address:                                                                                                                                                                                                                                                                       |                                                                            | ı                                                       |
|                                                                                                                                                                                                                                                                                                      | Enter Florida street address                                               |                                                         |
|                                                                                                                                                                                                                                                                                                      | . Florida                                                                  | Zip Code                                                |
| ew Registered Agent's Signature, if changing Registered Agent                                                                                                                                                                                                                                        | •                                                                          |                                                         |
| hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete acept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change. | e performance of my duties, and Lai<br>provided for in Chapter 605, F.S. ( | n familiar with and<br>Or, if this d <u>oc</u> ument is |
| If Cha                                                                                                                                                                                                                                                                                               | inging Registered Agent, Signature of New                                  | Registered Azent                                        |
| Page                                                                                                                                                                                                                                                                                                 | 1 of 3                                                                     |                                                         |

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>   | <u>Address</u>  | Type of Action |
|--------------|---------------|-----------------|----------------|
| MGR          | William Amaro | 5534 SW 2nd St  |                |
|              |               | Miami, FL 33134 | ☐ Remove       |
|              |               |                 | Change         |
|              |               |                 |                |
|              |               |                 | □ Remove       |
|              |               |                 | Change         |
|              | <del></del>   |                 | Add            |
|              |               |                 | Remove         |
|              |               |                 | Change         |
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|              |               |                 | □ Remove       |
|              |               |                 | Change         |
|              | <del></del>   |                 | □ Add          |
|              |               |                 | 17   Remove    |
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|              |               |                 |                |
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|                                                                                                                                                                      |                                                                         |                               |                      |             |
| ffective date, if other than the                                                                                                                                     | 07/01/2017<br>date of filing:                                           |                               | (optional)           |             |
| an effective date is listed, the date must                                                                                                                           | t be specific and cannot be prior<br>ock does not meet the application. | able statutory filing require |                      |             |
|                                                                                                                                                                      |                                                                         |                               | •                    |             |
| ocument's effective date on the De<br>e record specifies a delayed                                                                                                   | effective date, but no<br>ord is filed.                                 | t an effective time, at       | 12:01 a.m. on the ea | arlier o    |
| e record specifies a delayed<br>The 90th day after the reco                                                                                                          | effective date, but no ord is filed.                                    | t an effective time, at<br>   | 12:01 a.m. on the ea | arlier o    |
| e record specifies a delayed<br>The 90th day after the reco                                                                                                          | effective date, but no ord is filed.                                    | t an effective time, at<br>   |                      | arlier o    |
| e record specifies a delayed. The 90th day after the reco                                                                                                            | effective date, but no ord is filed.                                    |                               | 17 AUG               | arlier o    |
| e record specifies a delayed. The 90th day after the reco                                                                                                            | ord is filed.                                                           |                               | 17 AU                |             |
| iote: If the date inserted in this bloocument's effective date on the Dee e record specifies a delayed. The 90th day after the recordated   July 6, 2017  Yurek Vigo | Signature of a member of author                                         |                               | 17 AUG               | _           |

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Filing Fee: \$25.00