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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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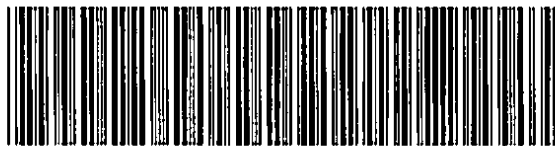
(Business Entity Name)

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TALLAHASSEE, FLORIDA

S. WARREN

AUG 07 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GARCA GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert Corrada

Name of Person

Albert Corrada CPA

Firm/Company

2655 LeJeune Road, Suite 902

Address

Coral Gables, FL 33134

City/State and Zip Code

yurek.vigo@gasplumbingtech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Corrada

305

804-8569

at (_____) _____

Name of Person

Area Code

Daytime 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

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CLERK OF COURT
STATE OF FLORIDA
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William Amaro	5534 SW 2nd St	<input checked="" type="checkbox"/> Add
		Miami, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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07/01/2017

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 6, 2017

Yurek Vigo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SOUTHERD DISTRICT OF FLORIDA
ALLIANCE-EE-FLORIDA