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O SIMMONS APR 2 4 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GM CONSTR	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	ter to the following:	
Great	MORABITO Name of Person	
GM Co	onstruction, L	LC.
313 Sh) Albany Ave	
Stuper	City/State and Zip Code	4
E-mail address	s: (to be used for future annual report notifie	ruction 11 c. com
For further information concerning this matter, please	e call:	
Greatorabito Name of Person	at (MZ 78) Area Code Daytime	1-8500 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

- GM (inc	struc	hon, C	st on our records			
(Name of the Limited (A	Florida Limited L	iability Company)	is on our records.			
The Articles of Organization for this Limited Liabi	lity Company	were filed on	2/27/20	∑O∕O and ass	signed	
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company h	<u>ere</u> :			
No Change						
The new name must be distinguishable and contain the words	s "Limited Liabili	ity Company," the	designation "LLC" or t	he abbreviation "L.	L.C."	
Enter new principal offices address, if applicable	e:	<u>, A</u>	<i></i>			_
(Principal office address MUST BE A STREET A	ADDRESS)	NO C	nange			_
Enter new mailing address, if applicable:						_
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>					_
·		- 100 -			20	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, en	ter the name	of the	<u>new</u>
					7	,
Name of New Registered Agent:				 		- \~ :- -
New Registered Office Address:						_
		Enter Flo	rida street address			
-		City	, Florida	Zip Code		_
		City		zap come		

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, 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 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** MGRM Zachery Morabito □ Add ☐ Change □ Add □ Remove 口 Add 岩 □ Remove ☐ Change :: □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

	,						•
Effective date, if other than the date of filing: A 1182017 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 90th day after the record is filed.							
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Signafure of a member of authorized representative of a member	Pated April	18 Signature of	ZOIT	7. L	e of a member	·	

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Filing Fee: \$25.00