

L06000052346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

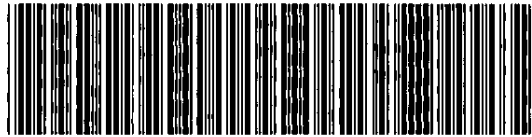
Special Instructions to Filing Officer:

A. LUNT

MAY 29 2009

EXAMINER

Office Use Only



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05/18/09--01027--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 28 PM 2:55

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2009

GEVAT ASIM
449 SW MEADOW TER.
PORT ST. LUCIE, FL 34984

SUBJECT: GA.CONSTRUCTION, LLC
Ref. Number: L06000052346

We have received your document for GA.CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 409A00017139

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GA.CONSTRUCTION,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:

GEVAT ASIM

Name of Person

GA.CONSTRUCTION,LLC

Firm/Company

449 SW MEADOW TER

Address

PORT ST LUCIE 34984

City/State and Zip Code

gioeverett@yahoo.com

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

For further information concerning this matter, please call:

GEVAT ASIM

Name of Person

at (**772**)

359-6308

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GA.CONSTRUCTION,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 Company were filed on 05/21/2006 and assigned
Florida document number L06000052346.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2009 MAY 28 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---|--|
| MGR | FELICIA ASIM | 449 SW MEADOW TER PORT ST LUCIE FL 34984 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | THOMAS A COSCIA | 449 SW MEADOW TER PORT ST LUCIE FL 34984 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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FILED
MAY 28 2009
TALLAHASSEE, FLORIDA
CLERK OF COURT
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 05/14, 2009

Signature of a member or authorized representative of a member

GEVAT ASIM

Typed or printed name of signee