## LD6000058757

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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C. LEWIS

SEP 9 2010

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2010

MAURICIO ACOSTA G&E FLORIDA CONTRACTORS, LLC 5555 ANGLERS AVE, #4 FT. LAUDERDALE, FL 33312

SUBJECT: G & E FLORIDA CONTRACTORS, LLC

Ref. Number: L06000058757

We have received your document for G & E FLORIDA CONTRACTORS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00020807

## COVER LETTER

TO:

Registration Section

. Division of Co	orporations				
SUBJECT:	G&E Florida	a Contractors, LLC			
Sobsect.	Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		Mauricio Acosta			
Name of Person					
	G&E Florida Contractors, LLC				
	Firm/Company				
	5555 Anglers Avenue # 4				
	Address				
	Ft. L	auderdale, Florida 33312	2		
	<u></u>	City/State and Zip Code			
	mauricio	@gefloridacontractors.c	om		
		to be used for future annual report n	otification)		
For further information	concerning this matter, please of	call:			
En	rique Hersman	at ( 786 )	486-9802		
Name	of Person	Area Code & Day	time Telephone Number		
Posts 12 dead &	d . C.D				
Enclosed is a check for	_	— nec 00 Biii			
\$25.00 Filing Fee	₹30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) \$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/COU Registration Se	JRIER ADDRESS:		
		Division of Cor	porations		
		Clifton Buildin 2661 Executive Tallahassee, FL	Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 SEP -8 PK 3: 19

G&E Flo	orida Contractors, LLC	ΓΔΙΙΔ	RETARY OF STATE HASSEE, FLORIDA
(A Flori	ility Company as it now appears da Limited Liability Company)	son our records.	
The Articles of Organization for this Limited Liabilit Florida document numberL06000058757		06/08/2006	and assigned
This amendment is submitted to amend the following  A. If amending name, enter the new name of the l		<b>:</b> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	n negg		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on o	ur records, enter	
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street add	dress
		, 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> Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CARLOS SANCHEZ	5555 Anglers Avenue # 4 Ft Lauderdale, Florida 33312	Add 7 Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del> .			Add Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	y.)
			20.18
Dated	August 16th	2010	SEP-8
	1	nber or authorized representative of a member  Enrique Hersman  ped or printed name of signee	EE, FLONIER

Page 2 of 2

Filing Fee: \$25.00