L06000058751

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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COVER LETTER -

TO:	Registration Sec Division of Corp	tion . orations	,	
CUDI		ORIDA CONTRACTORS, LI	L.C	
SUBJI	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		MAURICIO ACOSTA		
			Name of Person	
		G&E FLORIDA CONTRA	ACTORS, LLC	
			Firm/Company	·
		5555 ANGLERS AVENU	E#4	
			Address	
		FT LAUDERDALE, FLO	RIDA 33312	
			City/State and Zip Code	
		mauricio@gefloridacontrac		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	rther information co	ncerning this matter, please ca	all:	
MAU	RICIO ACOSTA		954 961-0078	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		
■ \$ 2	5.00 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

FILED

ARTICLES OF ORGANIZATION2015 SEP 16 PM 12: 54 OF

G&E FLORIDA CONTRACTORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	Company were filed on 6/8/2006	and assigned
Florida document number L06000058757		
The Articles of Organization for this Limited Liability Company were filed on 6/8/2006 and assigned Florida document number L06000058757 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 Tight		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
• • • • • • • • • • • • • • • • • • • •		
registered agent and/or the new registered office ac		ords, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida street ad	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 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>	<u>Name</u>	Address	Type of Action
AMBR	MAURICIO ACOSTA	5555 ANGLERS AVENUE # 4	Add
		FT LAUDERDALE, FL 33312	Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
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fective date, if other than the date of filing:	(optional)	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mo ote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 60 requirements, this date will not be list	5.020 ited a
e record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	me, at 12:01 a.m. on the earl	ier o
ated Softounder 9 2015		
	7	
Signature of a member or authorized representative	of a member	

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Filing Fee: \$25.00