## 106000058757

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10 May 20 May 25 May 10 May 10

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## **COVER LETTER**

	Division of Corp	porations		
SUBJE		IDA CONTRACTORS, LLC		
Name of Limited Liability Company				<del></del>
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		MAURICIO ACOSTA		
			Name of Person	*II
		G&E FLORIDA CONTRA	ACTORS, LLC	
Firm/Company				
		5555 ANGLERS AVENU	E#4	
		<del></del>	Address	<del></del>
		FT LAUDERDALE, FLOI	RIDA 33312	
City/State and Zip Code				
		Mauricio@geflcontractors.c		
		E-mail address: (	to be used for future annual report notific	cation)
For furtl	ner information co	oncerning this matter, please ca	all:	
Maurici	o Acosta		954 9610078 at ( )	
Name of Person Area Code Daytime Telephone Number		Telephone Number		
Enclose	d is a check for th	e 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:** 

TO:

**Registration Section** 

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

G&E FLORIDA CONTRACTORS, LL	.C	
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L06000058757	ity Company were filed on June 8, 2006	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	<b></b>	
(Principal office address MUST BE A STREET A	DDRESS)	
		<u>ත්</u>
		- C-
Enter new mailing address, if applicable:		1, 2
(Mailing address MAY BE A POST OFFICE BOX	<b></b>	70
**************************************	<u></u>	<b>S</b>
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter address here</u> :	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	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>	Name	Address	Type of Action
MGRM	MAURICIO ACOSTA	5555 ANGLERS AVENUE # 4	
,		FT LAUDERDALE, FL 33312	□ Remove
			Change
			Add
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(If an effective Note: I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date vat's effective date on the Department of State's records.		
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the earlier	of:
D-4-3	11/2/2016	ಕ	
Dated _		3	10.00
	Signature of a member or authorized representative of a member		. 疑可 . <b></b>
		PH12:	- 254 (E
	ENRIQUE HERSMAN  Typed or printed name of signee	cn	
	Types of printed name of signee	Ţ.	÷ `

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Filing Fee: \$25.00