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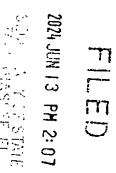
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en smarre		i&E FLOR	IDA CONTRACTORS, LLC		
SUBJEC	.1: _		Name of Lim	ited Liability Company	0.00 Filing Fee. ertificate of Status & ertified Copy ddinonal copy is enclosed)
The encle	osed 2	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn a	II correspo	ndence concerning this matter	to the following:	
			MAURICIO ACOSTA		
				Name of Person	_
	G&E FLORIDA CONTRACTORS, LLC				
	Firm/Company		_		
	5555 ANGLERS AVENUE, SUITE # 4				
				Address	
			FT LAUDERDALE, FL 3	3312	
				City/State and Zip Code	_
			Mauricio@geflcontractors.c		_
For furth	er inti	rmalion e	r:-mail address; (oncerning this matter, please c	to be used for future annual report notification)	
			meering uns matter, prease e		
MAURIO				954 588-2319 at () Area Code Day time Telephone Numb	 _
		Name of	Person	Area Code Daytime Telephone Numb	per
Enclosed	Lisac	heck for th	e following amount:		
□ \$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificated Copy (senctosed) Certificated Certificated Certificated Certificated Certificated Certificated Certificated Copy (senctosed) Cer	cate of Status & - ed Copy
		ng Address stration S		Street Address: Registration Section	
Division of Corporations		orporations	Division of Corporations		
		Box 632' hassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite	-810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G&E FLORIDA CONTRACTORS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u>-</u>
The Articles of Organization for this Limited Liability Comp Florida document number L06000058757	oany were filed on 06/08/2006	and assigned
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 I	.iability 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	5)	024
		<u></u> ω . Γ
Enter new mailing address, if applicable:		ig≅ ⊸ M
(Mailing address MAY BE A POST OFFICE BOX)		- 2 O
		10 O
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter (</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zio 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
MGR	ENRIQUE HERSMAN	5555 ANGLERS AVENUE # 4	= Add
		FT LAUDERDALE, FL 33312	🗖 Remove
			□Change
MGRM	ENRIQUE HERSMAN	5555 ANGLERS AVENUE # 4	□Add
		FT LAUDERDALE, FL 33312	■Remove
			Change
			
			□ Remove
			□ Change
			🗖 Add
			□ Remove
			□ Add
-			□Change
			□Add
			□Remove
			☐Change

	mation, enter change(s) here: tAttach additional sheets, if necessary.)	
-		
		
		
Effective date, if other than that the flective date is fisted, the date is <u>Note:</u> If the date inserted in this document's effective date on the	the date of filing:	0207 (d as t
e record specifies a delayed effected is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	2024	
	Signature of a member or authorized representative of a member	
MAURICIO ACOST	A Typed or printed name of signee	

Filing Fee: \$25.00