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(Requestor's Name) (Address) (Address)	000171218490			
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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 10 MAR - 8 PH 3: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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MAR - 9 2009

## **COVER LETTER**

## TO: Registration Section Division of Corporations

GC Construction and CONSULTING Scences LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Haria Cabada Name of Person GC Construction and Consulting Services LLC Firm/Company 2221 NE. 16446 St. Suite 337 N.H. Beach, Fl. 33160 City/State and Zip Code HAR'-8 PH 3: Mcabada 6) Vahon Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ŝ Marin Calorda at (786) 470 - 7510 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

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

The Articles of Organization for this Limited Liability Company were filed on <u>Cipuil 4, 2007</u> and assigned Florida document number <u>207000359</u>01

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:	ALLE TO
(Principal office address MUST BE A STREET ADDRESS)	ARE
	ASS -8
	E PR M
Enter new mailing address, if applicable:	Fis a D
(Mailing address MAY BE A POST OFFICE BOX)	DRITE 2

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

Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	City	_, 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 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, <u>enter the title, name, and address of each Manager</u>, <u>or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action				
MGEM	Robert ANtonio Guz	MAN 15966 SW 98th St Miani, Fl. 33196	Add Remove				
			Add Remove				
<u> </u>			_ Add _ Remove				
			Add Remove				
			Add Remove				
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary)	Add Remove				
		SEE. FLOPIDA					
Dated	Jarch 4, 2013 Maria C	D	-				
_	Signature of a member of	r authorized representative of a member CABACA printed name of signee	<u></u>				
	Page 2 of 2						

Filing Fee: \$25.00