

207 0000 474ff

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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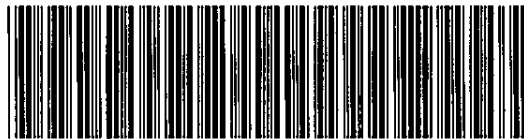
(Business Entity Name)

(Document Number)

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15 APR 29 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 05 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GR CONSTRUCTION SERVICES LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

FABIO H GUERRERO

Name of Person

GR CONSTRUCTION SERVICES LLC

Firm/Company

1110 WASHBURN CT.

Address

SANFORD ,FLORIDA 32771

City/State and Zip Code

fabioguerrero60@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabio Guerrero

407 7820951
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

GR CONSTRUCTION SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/24/2007 and assigned
Florida document number L07000043488.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FGV CONSTRUCTION SERVICES LLC

The new name must be distinguishable and contain the words "Limited 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 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CLARA S DIAZ DEL CASTILLO	1110 WASHBURN CT SANFORI	☒ Add
			☐ Remove
			☐ Change
	JULIAN RESTREPO		☐ Add
			☒ Remove
			☐ Change
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15 APR 2015
 2:22 PM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

15 SEP
FALL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

15 APR 29 04 2:22
Pursuant to 605.0207
it will not be listed as
on the earlier of

on the earlier of

APRIL 24/15

Signature of a member or authorized representative of a member

Typed or printed name of signee