L09000102994

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to I	Filing Officer:	

Office Use Only



800209355428

06/27/11--01020--010 **30.00

AND AND SEET FLORIDA

C. LEWIS

JUN 2 8 2011

EXAMINER

COVER LETTER

TO:	Registration So Division of Cos		j.	•	
SUBJECT: Gamass Construction, LLC.					
			ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please i	return all correspo	endence concerning this matter	r to the following:		
			Kissel Andino	··········	
		•	Name of Person		
		Gar	nass Construction, LLC	,	
			Firm/Company		
			1266 SW 13 St.		
			Address		
			Miami, Florida 33145		
			City/State and Zip Code		
		Ka E-mail address: (indino09@yahoo.com to be used for future annual report	notification)	
For furt	her information c	oncerning this matter, please of	call:		
	Ga	briel Andino	at (786)	223-9766	
	Name o	f Person	Area Code & Da	ytime Telephone Number	
Enclose	d is a check for th	e following amount:			
\$25 .	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

2011 JUN 27 PM 19 56

	Gamass Consti	ruction, LLC.	TAY	TARY OF STATE
(<u>Name</u>	of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)	TELAKEUF STAFE HHASSEEFFEORIOA
The Articles of Organization for	this Limited Liability Company v	were filed on	10/23/2009	and assigned
Florida document number	L09000102994			
This amendment is submitted to	amend the following:			
A. If amending name, enter th	e new name of the limited liabil	ity company here	:	
The new name must be distinguish "L.L.C."	able and end with the words "Limite	ed Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices add	tress, if applicable:			
(Principal office address MUST	BE A STREET ADDRESS)			
			<u> </u>	
Enter new mailing address, if a	pplicable:			
(Mailing address MAY BE A PC	OST OFFICE BOX)			
		 		
	d agent and/or registered offi v registered office address here		r records, <u>enter t</u>	he name of the new
Name of New Registere	ed Agent:			
New Registered Office	Address:	Fnte	r Florida street addi	4000
		Line		
		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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kissel Andino	1266 SW 13 St Miami, Fl 33145	☐ Add ✓ Remove
MGR_	Gabriel Andino	1266 SW 13 St Miami, FI 33145	✓ Add Remove
	was a state of the		Add Remove
			Add Remove
	***************************************		AddRemove
			AddRemove
D. If ame	nding any other information, en	ter change(s) here: (Attach additional sheet:	s, if necessary.)
- -			2011 JUN 27
Dated	Thursday, June 23	, <u>2011</u>	THE STATE OF THE S
	Signature o	f a member or authorized representative of a mem	iber
		Kissel Andino Typed or printed name of signee	
		# * · · · # · · · · · · · · · · · · · ·	

Page 2 of 2

Filing Fee: \$25.00