

L10000106372 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 OCT -6 PM 4:08
STATE
TALLAHASSEE FLORIDA

B. BOSTICK

OCT - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL AMERICAN CONSTRUCTION & ENGINEERING ...
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:

ROBERT ROGERS

Name of Person

ROBERT ROGERS LAW FIRM, PA

Firm/Company

2525 PONCE DE LEON BLVD. #1250

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ROBERT.ROGERS@CORALLAW.COM

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

For further information concerning this matter, please call:

ROBERT ROGERS

Name of Person

at (786)

220-0779

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT -4 PM 4:08

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GLOBAL AMERICAN CONSTRUCTION & ENGINEERING...

(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 OCT. 12, 2010 and assigned
Florida document number L10000106372.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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11 OCT -4 PM 1:08
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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: ADAM SHWANI

New Registered Office Address: 3252 PORT MALBAR

Enter Florida street address

PALM BAY

City

Florida

32905

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

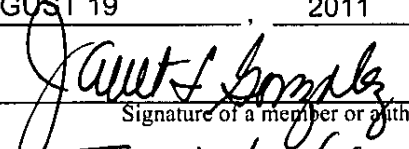
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JANET L. GONZALEZ	18794 SW 28 COURT MIRAMAR, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ADAM SHWANI	3252 PORT MALBAR PALM BAY, FL 32905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
STATE OF FLORIDA
TALLAHASSEE
AUG 19 2011
11:01 - 4 PM 4:08

Dated AUGUST 19, 2011



Signature of a member or authorized representative of a member
Janet L. Gonzalez

Typed or printed name of signee