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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 SEP 13 AM 8: 53 SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		•		•	-	
	action Group LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Joseph S Cooper					
		Name of Person		_		
	The GA Group Ltd. Co.					
		Firm/Company			202	
	111 Orange Ave #309			CRET	2023 SEP 3	
		Address	· · · · · · · · · · · · · · · · · · ·	72.5	$\frac{3}{3}$	4 200
	Fort Pierce FL 34950			ARY OF	P	
		City/State and Zip Code	. '	TOS.	8: 53	
	info@gaconstructiongroup.			_ m	53	
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report noti	rication)			
Joseph Cooper	, p	772 626-9791				
	of Person	at () Area Code Daytim	e Telephone Nun	nber	-	
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status					
Mailing Addre		Street Address:	.•			
Registration Division of C		Registration Se Division of Co				
P.O. Box 633		The Centre of 7				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>GA Construc</u>		XID LLC	<u></u>
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on $12-1$	3 - 2010	_ and assigned
Florida document number <u>1.1000 130677</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designat	tion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		SE SE	22
			S T
		AH. AH.	To James
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			<u>5</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name o	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	2:- C. I.
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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> </u>	<u>Name</u>	Address	Type of Action
MGR	Latoya Cooper	111 Orange Ave #309	□Add
		Fort Pierce FL 34950	□Remove
			■Change
			□Add
			□Remove
			□Change
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te: If the date inserted in this block does not meet the applic cument's effective date on the Department of State's records.	icable sta	itutory fil	ing requir	ements, tl	nis date wi	li not b	e listed a
Junear 8 effective date on the Department of State 8 fectors.	٥.						
ecord specifies a delayed effective date, but not an effective ti	time, at	12:01 a.n	n on the e	arlier of:	(b) The 9	0th day	after the
is filed.	, ,				` '	,	
, September 10 2023							
ted,	 ·						
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Filing Fee: \$25.00