## 42000146583

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## **COVER LETTER**

Division of Cor				
GORA CO	ONSTRUCTION MANAGEMI	ENTILLC		
OUBJECT:	Name of Limi	ted I iability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	DANIEL A SMITH			
		Name of Person		
	DANIEL A SMITH, EA			
		Firm/Company	<del></del>	
	27149 SERRANO WAY			
		Address	<del></del>	
	BONITA SPRINGS, FLOI	RIDA 34135		
		City/State and Zip Code		
	yarekgora@gmail.com		<del></del>	
		to be used for future annual report noti	neation)	
For further information of	concerning this matter, please co	•III:		
Daniel A Smith		239 272-2342 at ()		
Name (	of Person	Area Code Daytim	e Telephone Number	·5
Enclosed is a check for t	he following amount:			.74
\$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 Statu Certified Copy (additional copy is encl	•

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 Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on November 11, 2012	and assigned
Florida document number 1.12000146583	'	•
This amendment is submitted to amend the following:		13 15
A. If amending name, enter the new name of the lin	nited liability company here:	
		<b>ं)</b> ज
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.E."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	<b>1</b>
	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>	Name	Address	Type of Action
AMBR	DOMINIC GORA	7747 TOMMASI COURT NAPLES, FLORIDA 34114	■ Add
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			Change
			Remove
			Remove
			Change
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(II'an effe <u>Note:</u> 1	ctive date is listed, ( f the date inserte	than the date of the date must be spe d in this block do be on the Departm	ecific and cannotes not meet th	t be prior to date o se applicable stat	filling or more than	(optional) 190 days after filing.) rements, this date v	Pursuant to 605.020 vill not be listed a
		a delayed effe r the record is		but not an ef	fective time,	at 12:01 a.m. o	n the earlier o
Dated _	NOVEMBER 5		. 20	18			
				·			
			~~·	<u> </u>			

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Typed or printed name of signee

Filing Fee: \$25.00