## L13000082163

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

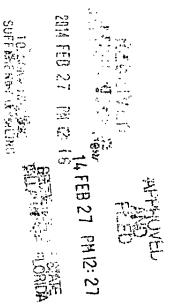
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Office Use Only



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B. BOSTICK
FEB 2 7 2014
EYAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			
A	Rooting		
SUBJECT: <u></u> <i> </i>	Name of Limit	ed Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
·	Alejandro Ra	rcia Olvera Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	9267 Hosfor	Address	
	Duincy FL.	32351 City/State and Zip Code	14 FEB 27
		os <u>Q Yahoe</u> com to be used for future annual report notificat	2
For further information co	oncerning this matter, please ca		7 PH 12: 28
Alejandro (	A.K.A) Mex	at ( 850 ) 509 - 33  Area Code Daytime Te	cphone Number
Enclosed is a check for th	e 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

Raveia's Losting	LLC	our records		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)	i our records.	,	
The Articles of Organization for this Limited Liability Comp	pany were filed on <b>&amp;/&amp;</b>	113	and assigned	
Florida document number <u>L13000082163</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
Garcia Construction LC				-
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	" the designation "L	LC" or the abbrevia	tion
Enter new principal offices address, if applicable:			· · ·	
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>		空間 当	- <u>.</u>
				حزارات
Enter new mailing address, if applicable:			3	
(Mailing address MAY BE A POST OFFICE BOX)			<u>0</u> 24 12 − 12 − 12 − 12 − 12 − 12 − 12 − 12	-
			<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter th	he name of the n	<u>iew</u>
Name of New Registered Agent:				•
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Enter 1	Florida street addre	ess	
		, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		•	Add
			Remove
			Add
			Remove
			Add
			Remove
<b></b>			Add Remove
			THE BOX
			72: PAdd
			Remove
			Add
			Remove

Ciffective date, if other than the date of filing:  1 effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605,0207 (3)  1 d 2/27/14  1 Signature of a member or authorized representative of a member			
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d 2/27/14,			·
d 2/27/14  Clyral Signature of a member or authorized representative of a member	ffective date, if other than the date of filing:	ages than 00 days after	(optional)
Signature of a member or authorized representative of a member		nore than 90 days afte	(optional) r filing.) (605.0207 (3
Signature of a member or authorized representative of a member	1 2/27/14		
	1 2/27/14		
	1 2/27/14	epresentative of a member	oer

Filing Fee: \$25.00