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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SELVETARY OF STATE
TALLAHASSEL FLORIDA

SEP 17 2015 J. HARRIS

## COVER LETTER

TO: Registration Section Division of Corporations	ب من المنظمة ا المنظمة المنظمة المنظم
SUBJECT: G2 CONSTRUCTION Name of Limited Lie	
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
	Name of Person
G2 CONSTR	UCTION GROUP, LLC
110 N.	DIXIE HIGHWAY
Ho Lywoo City	D FL 33020 /State and Zip Code
E-mail address: (to be use For further information concerning this matter, please call:	sed for future annual report notification)
DIM ITE(03 XIDIS  Name of Person	at (305) 970-5553 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  :5.00 Filing Fee  \$\Bigcup \$30.00 Filing Fee & Certificate of Statu.	2).00 Filing Fee & S60.00 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

G2 CONSTRUCT	TION	GROUP, LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now a d Liability Comp	r appears on our records.) npany)	
The Articles of Organization for this Limited Liability Compan	y were filed (	1 on 6/13/2013 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility compa	oany here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company,	y," the designation "LLC" or the abbreviation "L.L.C	<del>)."</del>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:	<del> </del>		
(Mailing address MAY BE A POST OFFICE BOX)			
			<del></del>
B. If amending the registered agent and/or registered	office addre	ress on our records, enter the name of	the new
registered agent and/or the new registered office address he		, <u></u>	
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Ent	inter Florida street address	
	City	, Florida	
N. D. M. M. M. G A	•	гір Соае	
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performan s provided fo	nnce of my duties, and I am familiar with a for in Chapter 605, F.S. Or, if this docum	and ent is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amendi or remove	ng Authorized Person(s) authorized to man ad from our records:	age, enter the title, name, and address of e	ach person being added
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	NICHOLAS CHARLES CONSTRUCTION & DESIGN	5379 LYONSRO VINC COCONUT CREEK, FL 33073	1. #133. Add
	CONTINUE LION & DESIGN	COCONUT CREEK	Remove
		FL 33073	Change
			□ Remove
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l∳amending ar	by other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an effective date Note: If the date	if other than the date of filing: Sect 10 2015 (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Positive date in this block does not meet the applicable statutory filing requirements, this date will call the date on the Department of State's records.	ursuant to 605.0207 (3)(b) 11 not be listed as the
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on ay after the record is filed.	the earlier of:
Dated_Se	ptember 10, 2015.	
Jaicu		
	WIV THE TO THE TOTAL THE T	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member  DIMITRIOS XIDLS  Typed or printed name of signee	
	DIMITRIOS XIDIS	2815 S 5555 TALLA
	DIMITRIOS XIDIS	2015 SEP I
	DIMITRIOS XIDLS  Typed or printed name of signee	SEP 16 JAHASSEE
	DIMITRIOS XIDLS  Typed or printed name of signee  Page 3 of 3	SEP I