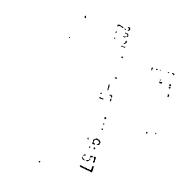


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Umils





11/85/24--01005--013 **60.00



COVER LETTER

4.00

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Divis	sion of Cor	porations					
SUBJECT:	LA CARTAGENA, LLC						
SOBSECT.		Name of Lim	ited Liability Company				
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filling.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Mongi Jemni					
			Name of Person				
			Firm/Company	<u></u> .			
		6956 Sorrento st					
			Address				
		Orlando, FL 32819					
		mjemni@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For further in:	formation co	oncerning this matter, please ca	all:				
Mongi Jemni			407 312-4474 on at (
	Name of	Person	at ()Area Code Daytime	Telephone Number			
Enclosed is a	check for th	e following amount:					
□ \$25.00 Fi	ling 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)			
	ing Addres istration S		Street Address: Registration Sec	tion			
		orporations	Division of Corp				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA CARTAGENA, LLC (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 __06-14-2013_ and assigned Florida document number 1.13000086873 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	<u>Name</u>	Address	Type of Action
MGR	Mongi Jemni	6956 Sorrento St	■Add
		Orlando, FL 32819	□Remove
			□Change
MGRM	Adel Hammami	6956 Sorrento St	□Add
		Orlando, FL 32819	■Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
		•	
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			∏Change

ffective date, if other than the date of filing:		 			<u> </u>	
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ated October 28 2024 Wignature of a member or authorized representative of a member	ocument's effective date on	the Department of State's	records.	way ming require	memo, mo date i	THE OCCUPANT OF
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Filing Fee: \$25.00

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(Requ	restor's Name)	
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Special Instructions to Fil	ing Officer:	
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11/05/24--01005--010 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GONZALEZ PLU	MBING CORP	
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing,	
Please return all corre	spondence concerning this ma	tter to the following:	
	JUAN GONZALEZ		
	-	Name of Contact Persor	1
	GONZALEZ PLUMBING C	ORP	
		Firm/ Company	
	1500 SW 86TH CT	,	
		Address	
	MIAMI, FLORIDA 33144		
		City/ State and Zip Code	<u> </u>
	ALEXZAJ@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JUAN GONZALEZ		at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di ^s P.C	nilling Address nendment Section rision of Corporations D. Box 6327 Rabassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GONZALEZ PLUMBING CORP

OONEACLE I EOMBINO COID					
(Name of	f Corporation as currently	filed with the Florida Dept. of State)			
H17182					
	(Document Number of	Corporation (if known)		· -	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Ilorida Profit Corporation adopts the fo	llowing	amendmer	ıt(s) to
A. If amending name, enter the new na	me of the corporation:				
N/A				The new	
name must be distinguishable and contain. "Inc.," or Co.," or the designation "Co" "chartered," "professional association,"	orp," "Inc," or "Co". A	ompany," or "incorporated" or the abbi professional corporation name must	reviation	"Corp.,"	
B. Enter new principal office address, i	f annlicable:	N/A			
(Principal office address MUST BE A ST					
C. Enter new mailing address, if appli-	cable:	>:/4	. · ·	~>	
(Mailing address MAY BE A POST C		N/A			
			-		٠
			_	1	• •
			-	<u> </u>	
D. If amending the registered agent and			•	- :	- •
new registered agent and/or the new				ö	
Name of New Registered Agent	N/A 		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>†</u>	
	(Florida stre	et address)			
New Registered Office Address:		, Florida			
	(City)	(Zip Co	nde)	
New Registered Agent's Signature, if charles accept the appointment as registed	hanging Registered Agent:	ith and accent the obligations of the no	sition		
Thereof accept the appointment as region	eren agenti 1 am jaimilai n	and accept the obligations of the pro-			
		<u> </u>			
	Signature of New Re	gistered Agent, if changing			
Check if applicable					

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	GEORGE FERNANDEZ	1500 SW 86TH CT
X Add			MIAMI, FLORIDA 33144
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
A	
•	
 	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	
-	
· · · · · · · · · · · · · · · · · · ·	

• • • • •	10/29/2024	
The date of each amendment		, if other than the
date this document was signed.	10/29/2024	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date to Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement I for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
10/29/	2024	
Dated	2034	
Signature	v a director, president or other officer – if directors or officers have not been	
se	exted, by an incorporator – if in the hands of a receiver, trustee, or other court	
ар	pointed fiduciary by that fiduciary)	
	JOSE GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
	(title of person signing)	

--