

K14 000132206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

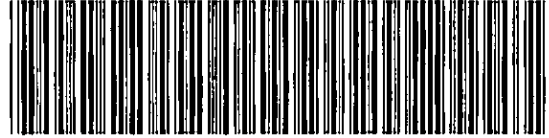
(Business Entity Name)

(Document Number)

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FILED
2022 APR 12 AM 8:19
STATE
TALLAHASSEE, FL

5/15/2022

COVER LETTER

TO: Registration Section
Division of Corporations
GARCES, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OCTAVIO GARCIA CONTASTI

Name of Person

Firm/Company

576 NW 160TH ST

Address

OKEECHOBEE, FLORIDA, 34972

City/State and Zip Code

octaviogc@gmail.com / octaviogc@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OCTAVIO GARCIA CONTASTI

786 3696145

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

GARCES, LLC

2022 APR 12 AM 8:19

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRET
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/20/2014 and assigned
Florida document number 1.14000132206

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GARCONT GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

576 NW 160TH ST, OKECHOBEE, FLORIDA, 34972

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

576 NW 160TH ST, OKECHOBEE, FL, 34972

(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: N/A


New Registered Office Address: N/A

Enter Florida street address

OKECHOBEE Florida 34972
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OCTAVIO GARCIA CONTASTI	576 NW 160th ST, OKEECHOBEE, FL 34972	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VERONICA GARCIA BRITO	1813 ROSETTINE ST, COCOA, FL, 32926	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARIANNA GARCIA ESPINAL	4272 IRONWOOD CT, WESTON, FL, 33331	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 4/4, 2022

Signature of a member or authorized representative of a member

OCTAVIO GALCIA CONTRA
Typed or printed name of signer