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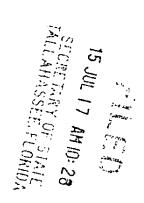
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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JUL 20 2015 J SHIVERS

		COVER LETTER	ناشيسا
TO: Registration Sec Division of Corp			
SUBJECT:	G Contractors Name of Limi	FL, LLC.	
	Name of Entire	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Jan De	la Cruz	
	AG G	ontractors FL, LL Firm/Company	C.
		Firm/Company	,
		Cell Bay Dr. U	
	Miami	/FL 33/3/	
	E-mail address: (1	G G CONTRACTORS pr. Co o be used for future annual report notifi	dm
For further information co	oncerning this matter, please ca	ıll:	
Armando A	luns	at ( <u>787</u> ) 403 Area Code Daytime	-7254
Name o	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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

(Name of the Limited )	11Vac tors Liability Company as Florida Limited Liabil	it now appears on our records	s <u>.</u> )
The Articles of Organization for this Limited Liab Florida document number	ility Company wer 3594	e filed on 10/01/2	O14 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability	company here:	
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	le:	ompany," the designation "LLC	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here:		s, enter the name of the new
Name of New Registered Agent:	Jan	De la Cruz	AND LESSON
New Registered Office Address:	1331 Br	ackell Bay Dr.	Apto A
.e	Miam	// , Flo	orida 3313/ 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> **Type of Action** <u>Name</u> **Address** Jorge J. Olascoaga JR. 1331 Brickell Bay Dr. \_\_\_ Add
Unit 201, Miami, FL 33131 Rem Remove \_□ Change □ Add \_□ Remove ☐ Change □ Add \_□ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00