115000068808

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COVER LETTER

TO: Registration S Division of Co			j
	STRUCTION & MAINTENA	NCE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	ļ !
Please return all correspondent	ondence concerning this matter	to the following:	
	GRISELDA MENDIVIL	PELLEGAUD	
		Name of Person	
		Firm/Company	
	6853 COMPASS CT		
		Address	
	ORLANDO, FL 32810		
	GRISSPELLEGAUD@GN	City/State and Zip Code 1AIL.COM	AC T
	E-mail address: (to be used for future annual report notifi	cation) SS-B W
For further information of	concerning this matter, please c	all:	
GRISELDA MENDIVI	L PELLEGAUD	321 354-7701 at ()	0 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0
Name	of Person		Telephone Number
Enclosed is a check for t	he 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 tadditional 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 Business Control Control

(Control

(C 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMP CONSTRUCTION & MAINTENANCE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000068808 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on <u>04/20/2015</u>	and assigned
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	GRISELDA MENDIVIL PELLE	GAUD
(Principal office address MUST BE A STREET ADDRESS)	6853 COMPASS CT	29 29
	ORLANDO, FL 32810	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Y 13 MID: 29 TARY OF STAIR ASSEE FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · ·
	, Flori	ida
	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>	Address	Type of Action
MGR	GRISELDA MENDIVIL PELLEGADO	6853 COMPASS CT	
		ORLANDO, FL 32810	□ Remove
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		29
ffective date, if other than the date of filing: 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 the date inserted in this block does not meet the applicable statutory filing requirements, this da ocument's effective date on the Department of State's records.	ig.) Pursuar	it to 605.02 be listed
e record specifies a delayed effective date, but not an effective time, at $12:01\ a.m$ The 90th day after the record is filed.	. on the	earlier
ated 05/07/2015,		
Signature of a member or authorized representative of a member		
GRISECDA MENDIVIL PECLEGAUD Typed or printed name of signee		

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Filing Fee: \$25.00