

L16000155562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

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2016 DEC 12 P 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 12 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2016

OSCAR GONCALVES
11098 BISCAYNE BLVD SUITE 303
MIAMI, FL 33161

SUBJECT: 1134 PROJECT LLC
Ref. Number: L16000155562

We have received your document for 1134 PROJECT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 516A00025369

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1134 PROJECT LLC
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:

OSCAR GONCALVES
Name of Person

GAMMA CONSTRUCTION
Firm/Company

1109B BISCAYNE BLVD STE 303
Address

MIAMI FL 33138
City/State and Zip Code

ogoncalvespie@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR GONCALVES at (305) 733 34 28
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 12 P 1:54

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Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee &
Certificate of Status

*ALREADY FILED
\$43.35

☐ \$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**

1134 Project 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 8/19/16 and assigned
Florida document number L110000155562.

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 "L.L.C."

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:

1 Name of New Registered Agent:

GAMMA CONSTRUCTION LLC

2 New Registered Office Address:

11098 BISCAYNE BLVD STE 305

Enter Florida street address

MIAMI

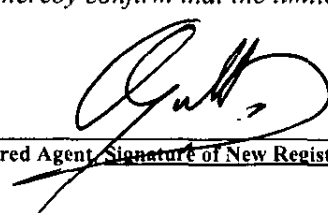
City

Florida

FILED
2016 DEC 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
33188
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>
AMBR	MICHAEL R. JAAR	360 NE 103 ST MIAMI SHORES FL. 33138	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2010 DEC 12 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 12 P 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2018 DEC 12 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/06/2016

OSCAR GONCALVES

Filing Fee: \$25.00