To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Co		
	Fax Number	: (850)617-6383	AL
From:			EB
	Account Name	: SILVAS FINANCIAL SERVICES, L.L.C.	H 6
	Account Number	: 120020000100	
	Phone	: (305)944-9755	SS B
	Fax Number	: (883)401-1914	EL. DO
Enter t	he email addres	s for this business entity to be used for	future 9

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GRARCHITECT & DESIGNS LLC**

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations

GR ARCHITECT & DESIGNS 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,

GONZALO REY

Name of Person

GR ARCHITECT & DESIGNS LLC

Firm/Company

401 SW 4TH AVE STE 892

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

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

For further information concerning this matter, please call

GONZALO REY

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 S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Sol.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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 To: Page: 4 of 6 2024-02-06 15:57:45 GMT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GR ARCHITECT & (<u>Name of the Limited Liability Comp</u> (A Florida Limited		*]
The Articles of Organization for this Limited Liability Company Florida document number <u>116000202161</u>	were filed on 11/02/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u> G-REY CONSTRUCTION & REMODELING LLC	<u>oility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(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:		address
	Ciņ	_, Florida Zıp 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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter changets) here: (Attoch additional sheets, if necessary.)

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ive date, if other than the date of filing					

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.

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	FEBRUARY 6	2024	
		gonzalo rey	
	<u> </u>	Signature of a member or authorized representative of a member	
		GONZALO REY	

Typed or printed name of signee

Filing Fee: \$25.00