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.

(((H24000390768 3)))



H240003907683ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co	rporations		
	Fax Number	: (850)617-6383		
From:		: SILVAS FINANCIAL SERVICES, L.L.C. : I20020000100 : (305)944-9755 : (888)401-1914	2024 NOV 23	
anr		s for this business entity to be used for f ngs. Enter only one email address please.*	5 PH 2: 14	- D

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN G-REY CONSTRUCTION & REMODELING LLC



Electronic Filing Menu

Corporate Filing Menu

Help

2024-11-25 16:17:23 GMT

18884011914

## COVER LETTER

## TO: Registration Section Division of Corporations

G-REY CONSTRUCTION & REMODELING 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

**G-REY CONSTRUCTION & REMODELING LLC** 

Firm/Company

401 SW 4TH AVE STE 802

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

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> 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

Daytime Telephone Number

Page: 4 of 6	2024-11-25	16:17:23 GMT	18884011914	From: Silvas Financial Services, LL
(((1124000390768-3)))	ARTI	CLES OF A	AMENDMENT	
		TC	C	~
	ARTIC	LES OF O	RGANIZATION	FILED 2024 NOY 25 PH 2: 14
		0	F	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
				PH 2: 11
			& REMODELING LLC	reards )
	(A	Florida Limited L	<u>ty as it now appears on our re</u> iability Company)	and the second s
The Articles of Organization fo	or this Limited Liab	ility Company y	were filed on 11/02/2016	and assigned
Florida document number L16				
This amendment is submitted t	o amend the follow	ng:		
A. If amending name, enter	the new name of th	e limite <u>d liab</u> i	lity company here:	
N/A				
The new name must be distinguishab	le and contain the word	s "Limited Liahili	ty Company," the designation "	'LLC'' or the abbreviation "L.L.C."
Enter new principal offices a	ddress if annlicab	e.	N/A	
(Principal office address MUS				
Trancipal office address moe		11/1/11.000/		
				······································
Enter new mailing address, it	annlicable		N/A	
(Mailing address MAY BE A POST_OFFICE_BOX)		(Y)		
Muning address SIAT DE AS	<u>OST OTTICE BU</u>	<u>M</u>	,	
B. If amending the registered	d agent and/or regi	stered office a	ddress on our records, et	nter the name of the new registered
agent and/or the new register			·	
Name of New Registe	ered Agent:	N/A		
New Registered Offic	e Address:			
<u>and highling office</u>			Enter Florida street a	idt ess
				, Florida
	-	······	City	Zip Cinle

## 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.

 2024-11-25 16:17:23 GMT

18884011914

From: Silves Financial Services, LLC

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>	Name	<u>Address</u>	Type of Action
MGR	ARCINEGAS, CARLOS JOSE	401 SW 4TH AVE STE 802	🗆 Add
		FORT LAUDERDALE, FL 33315	■Remove
			🗆 Change
			🗆 Add
			CRemove
			Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			🗆 Add
			🗆 Remove
			□ □Change
			DAdd
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effe (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) 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 _	NOVEMBER 25	2024	
	gonzalo rey		
		$\bigcirc$ $v$	
		Signature of a member or authorized representative of a member	
		GONZALO REY	
		Typed or printed name of signee	-