## 117000119980

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FILED 17 JUN -8 PH 2: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

S. WARREN JUN 0 9 2017

## **COVER LETTER**

TO:

**Registration Section** 

Divi	ision of Cor	porations				
SUBJECT:		GARCIA & MENDEZ	CONSTRUCTION LLC			
SUBJEC1:		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		RC	SALIA GARCIA			
		•	Name of Person			
		GARCIA &	MENDEZ CONSTRUCTION L	LC		
			Firm/Company			
		90 NW 17 PLACE. # 1				
			Address			
		MIA	MI, FLORIDA 33125			
			City/State and Zip Code			
			M.GARCIA@YMAIL.COM			
			to be used for future annual report no	otification)		
For further in	formation c	oncerning this matter, please ca	ıll:			
R	OSALIA G	ARCIA		79-4625		
	Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclosed is a	check for th	ne following amount:				
<b>■</b> \$25.00 Fi	iling 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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARCIA & MENDEZ COSTRUCT			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on bility Company)	ou <u>r records.</u> )	
The Articles of Organization for this Limited Liability Company we Florida document numberL17000119980		5/4 <b>/2</b> 04 <b>2</b>	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	ation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			•
(Principal office address MUST BE A STREET ADDRESS)		40.00	
-			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· .
-			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on oui	records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City	2	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my ovided for in Chap	luties, and I am fami ter 605, F.S. Or, If t	iliar with and his d <b>o</b> çument is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered

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	ROSALIA GARCIA	90 NW 17 PLACE. # 1	Add
		MIAMI, FLORIDA 33125	☐ Remove
			☐ Change
		<del></del>	□ Add
			☐ Remove
			☐ Change
·			
			□ Remove
		<del> </del>	☐ Change
			☐ Remove
			☐ Change
			PAGE 2:
			□ Change

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ctive d	late, if other than e date is listed, the date	the date of file	ling:	or to date of filing or:	(o	<b>ptional)</b> ifter filing.) Pur	suant to 605.02
CHECHIVE	e date inserted in this effective date on th	is block does no	ot meet the appl	icable statutory fili			
e: If th	oriobite date on in	to Bepartment	or braine is record				
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Filing Fee: \$25.00