117000170191

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBT		INEERING DEVELOPMENT	LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	sclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MOSHE ZUCHAER		
			Name of Person	
		G & LENGINEERING DE	EVELOPMENT LLC	
			Firm/Company	
		2414 NW 87 PLACE		
			Address	· · · · · · · · · · · · · · · · · · ·
		DORAL, FL 33172		
		•	City/State and Zip Code	
		FALBERTO@PCBSCORE		
For fur	ther information co	n-mail address; if oncerning this matter, please ea	·	Person CLLC Inpany SS Zip Code Ure annual report notification) 468-1560 Code Daytime Telephone Number S60.00 Filing Fee. Certificate of Status &
	HE ZUCHAER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	205 168 1560	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Elorida document number $\frac{L17000170191}{L17000170191}$	Liability Compan	were filed on 08/09/2017		and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lia	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
				_
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			ords, <u>enter</u>	the name of th
				Aus
New Registered Office Address:	-	Enter Florida street a	ddress	25/2 8/2 8/2 8/2 8/2 8/2 8/2 8/2 8/2 8/2 8
			. Florida	
			. Piviiua	
		City	. Florida	Zip Code

Thereby 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>	Name	Address	Type of Action
SEC	AVGI, ITAI	5223 DEERHURST CRESENT CI	🗆 Add
		BOCA RATON, FL 33486	■ Remove
			□ Change
			□ Remove
			Change
			Add
			☐ Remove
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			Change
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N/A	
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	<u> </u>
ective date, if other than the date of filing:	(antiqual)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than te: If the date inserted in this block does not meet the applicable statutory filing requir	
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, a	at 12:01 a.m. on the earli
he 90th day after the record is filed.	at 12.01 d.m. on the edm
ed AUGUST 08th 2017.	
	mbur
Signature of a member or authorized representative of a me	muci

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Filing Fee: \$25.00