Florida Department of State
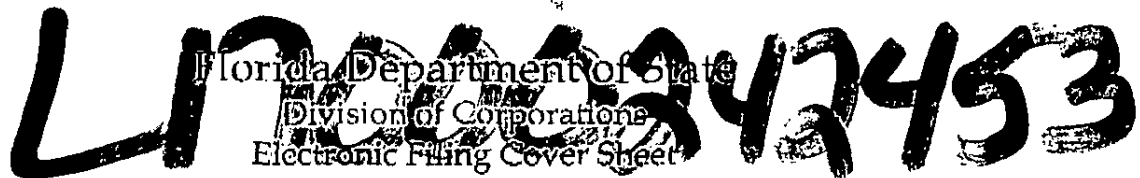## Division of Corporations
Electronic Filing Cover Sheet

LH18000342453

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.

(((H180000121553 3)))

H180001215533ABC

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

To:
    Division of Corporations
    Fax Number   : (850)617-6383

From:
    Account Name   : API PROCESSING
    Account Number : I20110000069
    Phone   : (954)567-0013
    Fax Number   : (954)567-3401

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JAMES GARCEZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

FILED 18 APR 17 PM 9: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED 2018 APR 17 PM 4: 21 DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

SIMMONS
APR 18 2018

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

James Garcez 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 _____November 27, 2017_____ and assigned

Florida document number _____L17000242453_____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

James Garcez Construction, LLC

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:

Name of New Registered Agent:	James Garcez
New Registered Office Address:	3020 NE 32nd Avenue PH14
	Enter Florida street address
	Fort Lauderdale , Florida 33308
	City	*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**

Page 1 of 3

H18000121553 3

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

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

H18000121553 3

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

E. Effective date, if other than the date of filing: _____ (optional)
   (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 / 04/17/ , 20 18 .

_____
Signature of a member or authorized representative of a member

James Garcez
_____
Typed or printed name of signee

Filing Fee: $25.00