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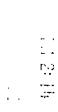
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COVER LETTER

TO: Registration S Division of Co	rporations		2
SUBJECT:	G+E (14617047140	LLC
30131.61.	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	GE	ary Acotta	
	64	RRY Acotto	TION, LLC
		himi/Company	• • •
	4 de 55	LT. 19 N. \$ 50	te 212
		Arldrees	
	Palm	Mepar, Fl	3498)
	E-mail address: (1	City/State and Zip Code R RY D Ac of to R o be used for future annual report not	3448) 3448)
For further information	concerning this matter, please ca	ıll:	
	y Acotto	at (777) 485 Area Code Daytin	3112
Name	of Person	Area Code Daytiii	ie Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u>::ss:</u>	Street Address:	45

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	und assigned
The Articles of Organization for this Limited Liability Company were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ınd assigned
Florida document number L 18 (19800 6176	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Acotto Builders, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat	tion "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PAIM LOP DOR 151 346	1/3
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, <u>enter the name of t</u> agent and/or the new registered office address here:	he new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City Zip	o 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

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
	•		□Add
		- 	Remove
			□Change
			□Add
			□Remove
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. Effective	date, if other than the date of filing: (option	ıal)
Note: If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after find the date inserted in this block does not meet the applicable statutory filing requirements, this can be applied to the Department of State's records.	ling.) Pursuant to 605.0207 (3)
ord is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	May 15 2024.	
	Signature of a member or authorized representative of a member	
	GERRY ACATTO	
	Typed or printed name of signec	

Filing Fee: \$25.00