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SECRE LARY OF STATE

S. WARREN MAR 2 2 7018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GARCIA Aquisitions UC 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:
David Garcia Name of Person
GACCIA Aquisitions LLC Firm/Company
GARCIA Aquisitions LLC Firm/Company 6112 Lans HirrE De. 4
Tampa, FL 33634 City/State and Zip Code David Garcia Real Estate & gmail Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Garcia at (813) 505-9536 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\text{Copy}(\text{additional copy is enclosed})\$\$ Certified Copy(\text{additional copy is enclosed})\$\$ Certified Copy(\text{additional copy is enclosed})\$\$ \$\text{Certified Copy}(\text{additional copy is enclosed})\$\$

MAILING ADDRESS:

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

GARCIA AQU	isition	silc	
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited I	Liability Company	were filed on $3/8/1$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of Garcia Acquisitio The new name must be distinguishable and contain the			.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	NA	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	/or registered of	fice address on our record	ds, enter the name of the new
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		•
	N/A N/A	Enter Florida street addre	lorida Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	·	,
hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office change.	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is nat the limited liability ARE ARE ARE ARE ARE ARE ARE AR

Page 1 of 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ ∧dd
			□ Remove
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or magnetic. If the date inserted in this block does not meet the applicable statutory filing.	nore than 90 days after filing.) Pursuant to 605.0207 (3)
cument's effective date on the Department of State's records.	8 1
record specifies a delayed effective date, but not an effective the 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier of:
red March 19+4 2018.	IALI SEC
~ · 0 H ·	HAR 2
Signature of a member or authorized representative	of a member
: Signature of a member of audiorized representative	or a mentoer Ur-5
David GARCIA	AM 11:

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Filing Fee: \$25.00