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COVER LETTER

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GI/AC EN SUBJECT:	GINEERING AND ARCHITE	CTURE LLC	
	Name of Limi	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:	
	TONY PESTANO		
		Name of Person	
	BUSINESS SERVICES &	SUPPORT NETWORK CORP	
		Firm/Company	
	4612 N HIATUS RD		
		Address	
	SUNRISE FLORIDA 333.	51	
		City/State and Zip Code	
	TONY.PESTANO@BSSNI	JSA.COM to be used for future annual report notifi	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please or	ill:	
TONY PESTANO		954 578-0016	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 Filing 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)

MAILING ADDRESS:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **▼** STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GI/AC ENGINEERING AND ARCHITECTURE 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 v Florida document number <u>L 18000183363</u> .	were filed on and and	l assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:	4614 N HIATUS RD	
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE FLORIDA 33351	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4614 N HIATUS RD SUNRISE FLORIDA 33351	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	SSEE: FL	2019 AUGO the Bew
	Enter Florida street address	
New Registered Agent's Signature, if changing Registered Agent:	, Florida Zip C	iode .

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
AMBR	CORPORATIVO COSTRU-TEC SA de CV	MONTEVIDEO 3167	⊆ Add
		PROVIDENCIA 4439	□ Remove
		GUADALAJARA, JALISCO MEXICO	☐ Change
MGR KORKOWSKI, JOHANNA	KORKOWSKI, JOHANNA	2828 CORAL WAY, SUITE 310	
	MIAMI FLORIDA 33145	Remove	
			Change
			Add
			□ Remove
			Change
		Remove	
			Change
			Add
		Remove	
			□ Change
			D Add
			Remove
			Change

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:
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 July 27, 2019. Signature of a member or authorized representative of a member
Al Forso Cahoro Typed or printed name of signee

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Filing Fee: \$25.00