

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GI/AC ENGINEERING AND ARCHITECTURE LLC
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:

TONY PESTANO
Name of Person

BUSINESS SERVICES & SUPPORT NETWORK CORP
Firm/Company

4612 N HIATUS RD
Address

SUNRISE FLORIDA 33351
City/State and Zip Code

TONY.PESTANO@BSSNUSA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY PESTANO at (954) 578-0016
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
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

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>	<u>Type of Action</u>
AMBR	CORPORATIVO COSTRU-TEC SA de CV	MONTEVIDEO 3167	<input checked="" type="checkbox"/> Add
		PROVIDENCIA 4439	<input type="checkbox"/> Remove
		GUADALAJARA, JALISCO MEXICO	<input type="checkbox"/> Change
MGR	KORKOWSKI, JOHANNA	2828 CORAL WAY, SUITE 310	<input type="checkbox"/> Add
		MIAMI FLORIDA 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 July 27, 2019

Signature of a member or authorized representative of a member

Alfonso Cabero

Typed or printed name of signee