118000237495

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	<u></u>
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700322023127

12/17/18--01020--019 **30.00

FILED

2019 JAN 25 PM 4: 28

SECRETARY OF STATE
FALLAMASSEE FI SAIR



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GAMEZ MASONRY LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on 10/Florida document number L18000237495	208/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "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 registered agent and/or the new registered office address here:	our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	ida street address
City	Florida
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

COVER LETTER

	Registration Sec Division of Corp			via .			
SURJEC		ASONRY LLC					
SUBJECT: Name of Limited Liability Company							
The encl	osed Articles of a	Amendment and fee(s) are subt	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter t	to the following:				
		Teresa Avila					
Name of Person Foremost Professional Services inc							
Firm/Company							
2923 Hanover Court							
Address							
		Apopka, FL 32703					
		tavila@forproser.com	City/State and Zip Code				
		E-mail address: (t	to be used for future annual report notific	ation)			
For furth	ier information c	oncerning this matter, please ca	ill:				
Teresa	Avila		407 786-6734 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	d is a check for th	ne 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>Name</u> Title <u>Address</u> Type of Action JUSTO VENTURA GAMEZ 579 MAINLINE BLVD, APOPKA, FL MGR 32712 **■** Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

_	·	
•		_
•		_
•		_
-		_
-	·	_
•		-
	 	
		_
-	· · · · · · · · · · · · · · · · · · ·	_
	ALC SECOND	3-
	— <u></u>	
	ARTA-SS	ユ - '> ˈ
	 t.C.	
		ာ က
	12/10/2018	
(If an ef <u>Note:</u>	tive date, if other than the date of filing:	605.0207 (3)(b) isted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	rlier of:
Dated	12/10/2018	
	Miguel Hames Signature of a member or authorized representative of a member	
	MIGUEL GAMEZ	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00