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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:	FGC (GROUP SERVICE, LLC.					
	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	MIGUEL ANGEL GARCIA VENEGAS						
	Name of Person						
	FGC GROUP MASONRY SERVICE, LLC.						
	Firm/Company						
	3601 4TH ST SW						
	Address						
		LEHIGH ACRES, FL. 33976					
		City/State and Zip Code					
	naplesservicioshispanos@hotmail.com						
	E-mail address: (to be used for future annual report noti	fication)				
For further information e	oncerning this matter, please c	all:					
MIGUEL ANG	GEL GARCIA VENEGAS	239 839-5811 at ()					
Name of	f Person	Area Code Daytim	e Telephone Number				
Enclosed is a check for th	ne following amount:						
□ \$25.00 Filing Fee	■ \$30.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

	FGC GROUI	P SERVICE, LLC.			
(Name of the Limi	ted Liability Comp (A Florida Limited	аду as it now appears Liability Company)	on our records.)		
he Articles of Organization for this Limited Liability Company were filed		y were filed on	10 17/2018	and assigned	
orida document numberL18000244212					
nis amendment is submitted to amend the following					
If amending name, enter the new name of	of the limited lia	bility company her	<u>e</u> :		
		NRY SERVICE, LLO			
e new name must be distinguishable and contain the	words "Limited Liah	ility Company," the de-	signation "LLC" or the		
nter new principal offices address, if applic	cable:	-0-		2020 HO1	
Principal office address MUST BE A STREET ADDRESS)				<u> </u>	
				<u>-</u>	
				₹ [∏	
nter new mailing address, if applicable:		-0+	·		
Mailing address MAY BE A POST OFFICE BOX)			·	. <u>5</u>	
. If amending the registered agent and/or gent and/or the new registered office addre	registered office oss here:	address on our red	cords, <u>enter the na</u>	me of the new regis	
Name of New Registered Agent:	-0-			_ 	
New Registered Office Address:	-0-				
-		Enter Florie	la street address		
			, Florida _		
		City		Zip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PATROCINIO GARCIA-CAYET/	3601 4TH ST SW	
		LEHIGH ACRES, FL 33976	■Remove
			TChange
·			= Add
			∐Remove
			□Change
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			= Add
			□Remove
			□Change

Typed or printed name of signee