

L18000 291539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

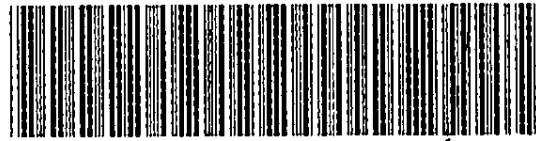
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/19--01013-015 **30.00

2019 JAN 25 AM 10:24
STATE OF CALIFORNIA
FILING OFFICE

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M & E Gonzalez Construction, 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:

Elisabeth Lopez
Name of Person

Firm/Company

425 Fernandez Street
Address

Winter Haven, FL 33880
City/State and Zip Code

elizabeth092786@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisabeth Lopez at (863) 877-5981
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

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

2019 JAN 25 AM 10:24

M & E Gonzalez Roofing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/17/2018 and assigned Florida document number L18000291539

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M & E Gonzalez Construction, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

425 Fernandez Street
Winter Haven, FL
33880, US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same.

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Elisabeth Lopez

New Registered Office Address:

425 Fernandez Street

Enter Florida street address

Winter Haven

City

Florida

33880

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 or removed from our records:

MGR = Manager
 AMBR = Authorized Member

Title	Name	Address	Type of Action
AP	Giovanni Gonzalez	425 Fernandez Street	<input type="checkbox"/> Add
		Winter Haven, FL	<input checked="" type="checkbox"/> Remove
		33880, US	<input type="checkbox"/> Change
AR	Valdemar Gonzalez	425 Fernandez St	<input type="checkbox"/> Add
		Winter Haven, FL	<input checked="" type="checkbox"/> Remove
		33880, US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Rem
			<input type="checkbox"/> Ch

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

Lined area 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 January 1st, 2019.

Signature of a member or authorized representative of a member

Elisabeth Lopez

Typed or printed name of signee