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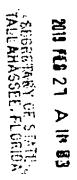
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COVER LETTER

TO:		istration Se ision of Cor			
arın ır	-	CGC ENG	INEERING, PLLC		
SUBJE	CT:		Name of Limited Liability Company		
The end	losed	Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please i	return	all correspo	ndence concerning this matter t	to the following:	
			GONZALEZ CASTRO, CON	NRADO, SR	
				Name of Person	
			CGC ENGINEERING, PLLC		
			****	Firm/Company	
			1024 SW 124TH AVE	TimeCompany	
				Address	
			MIAMI, FL 33184		
			CGCENGINEERINGPLLC@	City/State and Zip Code GMAIL.COM	
			E-mail address: (t	o be used for future annual report notific	cation)
For fur	her ir	iformation c	oncerning this matter, please ca	dl:	
CONR	ADO	GONZALE	Z CASTRO	305 4794294 at ()	
		Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a	check for th	e following amount:		
□ \$ 25	5.00 F	iling 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 OF

CGC ENGENIERING, PLLC



(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 Cor	mpany were filed on 01/18/2019	2015 FEB 27 A IN B3	
Florida document number L19000021077		and assigned TACY OF STATE TALLAMASSEE, FLURIDA	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
CGC ENGINEERING, PLLC			
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(22)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		rus, enter the name of the new	
New Registered Office Address:			
	Enter Florida street ad	dress	
	-	, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Registere	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties nt as provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is	
	If Changing Registered Agent, Signate	are 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 Title Name <u>Address</u> **Type of Action** □ Add _____ □ Remove ☐ Change ☐ Add _____ Change ☐ Remove _□ Change □ Add □ Remove _ Change □ Add ☐ Remove ☐ Remove _____ Change

If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
	
	
	24427040
If an effective date is listed, the dat Note: If the date inserted in the	o1/13/2019 In the date of filing: (optional) the must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
ne record specifies a dela The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e record is filed.
February 2nd Dated	2019
	19 1
	Signature of a member or authorized representative of a member
Conrado Gonzale	ez Castro
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00