

L190000 37172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

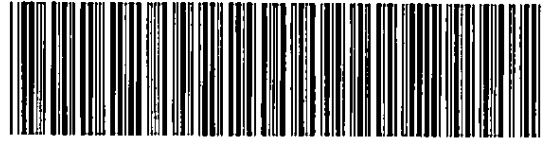
(Business Entity Name)

(Document Number)

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FILED
2019 APR - 1 P 11
STATE OF FLORIDA
TALLAHASSEE

4/11/19 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2019

PAULSON NESTON
GARCH CONSTRUCTION LLC
2822 LOCICERO DRIVE
TAMPA, FL 33619

SUBJECT: GARCH CONSTRUCTION LLC
Ref. Number: L19000037172

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2019 APR - 1 P 7:17
TALLAHASSEE, FLORIDA

We have received your document for GARCH CONSTRUCTION LLC. However, the document has not been filed and is being returned for the following:

ON PAGE 3 OF 3, PLEASE SIGN AND TYPE THE NAME OF THE AUTHORIZED MEMBER AND RESUBMIT ALONG WITH THE CHECK FOR \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00005474

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

GARCh Construction LLC

(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 Company were filed on 02 / 06 / 2019 and assigned Florida document number L 19000037172.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NO

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NO

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:

NO

New Registered Office Address:

NO

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

7. 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>
<u>MGR</u>	<u>PAULSON NESTON</u>	<u>2822 LOCICERO DR TAMPA 33619</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>SR</u>	<u>PAULSON NESTON</u>	<u>2822 LOCICERO DR TAMPA 33619</u>	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>GARNA-R-sybrun</u>	<u>2822 LOCICERO DR TAMPA 33619</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MRS</u>	<u>GARNA sybrun</u>	<u>2822 LOCICERO DR TAMPA 33619</u>	<input type="checkbox"/> Add
			<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

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

And then Please Add my: EIN For me
IS : 83-3280036

FILED
2019 APR -1 P 7:17
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 03/10/19 (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 03/10/19

Paulson Nestor

Signature of a member or authorized representative of a member

PAULSON NESTOR

Typed or printed name of signee