# L19000096912

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### **COVER LETTER**

	Registration So Division of Cor			
eub iec		CONSTRUCTION SERVICES,	LLC	
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		PEDRO GALINDO		
		<del></del>	Name of Person	· · · · · · · · · · · · · · · · · · ·
		GASAGI CONSTRUCTIO	ON SERVICES, LLC	
			Firm/Company	
		100 KINGS POINT DRIV	E. UNIT 1709	
		SUNNY ISLES BEACH, I	Address FL. 33160	
		GASAGICONSTRUCTION	City/State and Zip Code N@YAHOO.COM	
			to be used for future annual report notifi	ication)
For furthe	r information c	concerning this matter, please co	all:	
PEDRO (	GALINDO		561 255-4333 at ( )	
	Name o	f Person		Telephone Number
Enclosed	is a check for the	he following amount:		
<b>⊠</b> \$25.0	0 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:

TO:

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

## AKTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION

#### GASAGI CONSTRUCTION SERVICES, 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 04/08/2019 and assigned Florida document number L19000096912 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 "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 our records, enter the name of the 1 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 t 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SAHYLY GALINDO	100 KINGS POINT DRIVE, 1709 SUNNY ISLES BEACH, FL33160	Add
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	ecifies a delayed effe day after the record i		et an effective time	, at 12:01 a.m. on	the earlier
Dated	6/17	2019	~d — .		
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	Signa	nate of a member of adm	orized representative of a	memoer	

Page 3 of 3

Filing Fee: \$25.00