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(Requestor's Name)	
(Address)	500335148655
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	•≈≈ • 89/38/1981017826 **30.88 • ° °
(Document Number)	
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COVER LETTER

GML RENG	OVATION GROUP LLC		
30BJEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DOREEN DENTES		
		Name of Person	
	GML RENOVATION GR	OUP LLC	
		Firm/Company	<u> </u>
	251 174th St. apt 1608		
		Address	_
	sunny isles beach, florida 3	33160	
	margaroluis49@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
DOREEN DENTES		305 8128689 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section
Division of Corporations

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

GML RENOVATION GROUP LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000193862</u> .	were filed on July 29, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· Sa ·
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		ंग्
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	T71 + 1	_
	, Florid	a Ziv 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

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>	Type of Action
MGR	LUIS E. GUZMAN	251 174TH ST APT 1608 SUNNY ISLES BEACH FL 33160	■ Add
			Remove
			□ Change
			□ Remove
			Change
			🗅 Add
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Effective date, if	other than the date of	filing;		(optional)	
If an effective date is	listed, the date must be specif	ific and cannot be prior to da	te of filing or more than 90	days after filing.) Pursuant to 6	05.020
Note: If the date is document's effect	nserted in this block does ve date on the Departmen	inot meet the applicable of State's records.	statutory filing requiren	nents, this date will not be li	isted as
he record speci	fies a delayed effect	ive date but not ar	effective time at	12:01 a.m. on the ear	dier o
	after the record is f		circulate diffe, at	12.01 d.m. on the edi	nci o
Dated		2019			
		1100			
		1/16 00 1 XX			

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Typed or printed name of signee

Filing Fee: \$25.00