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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012 Phone : (954)659-8835 Fax Number : (954)301-0417

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: darmexa@notrmed.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONSTRUCTORA FREIRE, LLC

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MAR G 4 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSTRUCTORA FREIRE, LLC (Name of the Limited Liability Company as it is (A Florida Limited Liability)	ow appears on our records.	
The Articles of Organization for this Limited Liability Company were fil Florida document number L2000/0128980		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability cor	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LEC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	22. 2	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	75 P	<u>.</u>
	ω 	
Enter new mailing address, if applicable:	<u> </u>	1
(Muiling address MAY BE A POST OFFICE BOX)		
	08	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new regis</u>	<u>tered</u>
Name of New Registered Agent:		
New Registered Office Address:	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 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>	Name	Address	Type of Action
MGR	ACOSTA, MIRIAN	60 NE 14TH ST. ART PLAZA TOWER APT 3321	🗆 Add
		MIAMI, FL 33132	■ Remove
			DCnange
			🖸 Add
			DRemove
			□Change
			OChmise Si
			□Renwie
			□Change
			🖸 Add
			□Remove
			Change
•			DAdd
			□Remove
			Change

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D. It amending any other int	ermation, enter change(s) here: (Attach additional)	sheets. if necessary.)
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		<u></u> ∞
 		
Note: If the date inserted in t	the date of filing: e must be specific and cannot be prior to date of filing or more the sis block does not meet the applicable statutory filing requ the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605,9207 (3xb) direments, this date will not be listed as the
the record specifies a delayed elected is filed.	ective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated February 28th	2020 	
	Signatury of a member of authorized representative of a m	nember
Emerson Freire, N	· ·	
	Typed or printed name of signee	

Filing Fee: \$25.00