420000104618

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





200384527342

04/05/22- 01027--025 **25.00

2022 APR - 5 PM 2: 5:

G 41201200

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Garcia Sprinklers LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Samuel Dugarte Name of Person	
Garcia Sprinklers LLC Firm/Company	
13347 Sw 284th St Homestead FL 33033	
Homestead FL 33033 City/State and Zip Code SDM+C.10 @ GMail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Save of Person at (305) 975 7089 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$\$ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 APR -5 PH 2: 58 (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 ______________________________and assigned Florida document number <u>L2000010</u>4618. 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ___ City 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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove

	
an effectiv lote: If th	date, if other than the date of filing:
is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	April 15+ 2022
	Signature of a member or authorized representative of a member
	Samuel Dugarte Typed or printed name of signee