

Division of Corporations

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Florida Department of State

Division of Corporations
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Te:

Division of Corporations
Tax Number : (A50)617-6383

FIGURE 1

Account Name : CONTADORSUNNYISLES.COM INC
Account Number : 120200200118
Phone : (305) 260-6962
Fax Number : (786) 513-7810

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GTB CONSTRUCTION LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 04 |
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H20000293035 3

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

GTB 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 07/06/2020 and assigned
Florida document number L20000191923.

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

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

H20000293035 3

H20000293035 3

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> |
|--------------|-----------------------|--------------------------------|--|
| AMBR | STEVANATTO, VIVIANE F | 1603 GAINES MILL COURT APT 103 | <input type="checkbox"/> Add |
| | | CELEBRATION, FL 34747 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | STEVANATO, VIVIANE F | 1603 GAINES MILL COURT APT 103 | <input checked="" type="checkbox"/> Add |
| | | CELEBRATION, FL 34747 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

H20000293035 3

H20000293035 3

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

F. Effective date, if other than the date of filing: _____ (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 (Sub)

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.

(b) The 90th day after the record is filed.

Dated AUGUST 10TH, 2020

William J. Brown.
Signature of a member or authorized representative of a firm

Signature of a member or authorized representative of a member

GULLHERME TOMASELLO BARREIRA

Typed or printed name of signer

H20000293035 3