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(Red	questor's Name)
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21 SEF -7 PH 3: 16

COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Co	rporations	,	
SUBJECT: G	GAP (c)	struction	L L C
SOBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing,	
Please return all correspo	ondence concerning this matter t	o the following:	
	Ana	Name of Person	1/11/25
		Firm/Company	
	126 15+	Wahneta Address	ST. E#R
	Winter	Haven FL.	33880
		o be used for future annual re	
For further information of	concerning this matter, please ca	11:	
863 -	733・シ/ 7 / of Person	at ()	
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addre Registration Division of C	Section Corporations	Division	tion Section of Corporations
P.O. Box 632	27	The Cen	tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF** 21 SE? -7 PH 3: 16

GGAP G	nstruction ILC
(Name of the Limited ()	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
he Articles of Organization for this Limited Lia	ability Company were filed on 8/10/2020 and assigned
lorida document number <u>L 2 00 002 42</u>	<u>/J3</u> .
his amendment is submitted to amend the follow	wing:
. If amending name, enter the new name of t	the limited liability company here:
ne new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:
Principal office address MUST BE A STREET	[ADDRESS)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE B	<u> </u>
	-
. It amending the registered agent and/or reject and/or the new registered office address	gistered office address on our records, <u>enter the name of the new reg</u> s <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
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

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

Title	Name	Address 21 SEP -7 PH 3: 16	Type of Action
AMBR	Geraldo Padilla	136 1st Wahneta ST E#	<u>'</u> B □Add
		Winter Haven FL 33880	□Remove
			EChange
AMBR John R. Brown	P. O. BOX 217	□Add	
		Waverly, FL. 33977	DRemove
			□Change
			🗆 Add
			Remove
			□Change
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(If an eff Note:	ve date, if other than the date of filing:
ne record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	September 3 30.31. Signature of a member or authorized representative of a member.
	Signature of a member or authorized representative of a member $\frac{\int \partial a h^{i}}{\partial x^{i}} = \frac{\int \partial a (a)}{\partial x^{i}}$

Filing Fee: \$25.00