

L21 000 415 4/80

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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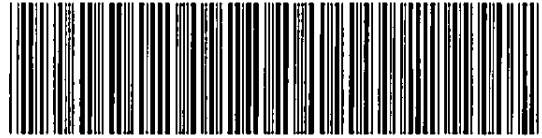
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORACLE CONSTRUCTION GROUP 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:

GABRIELLA MORENO

Name of Person

Firm/Company

12362 SW 99TH ST

Address

MIAMI FLORIDA 33186

City/State and Zip Code

DAVE@REPTAXPRO.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

DAVID BYCK

561

350-9278

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ORACLE CONSTRUCTION GROUP INC

(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 09/20/2021 and assigned  
Florida document number L21000415480.

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: DAVID BYCK

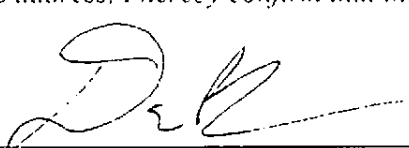
New Registered Office Address: 8401 LAKE WORTH RD

*Enter Florida street address*

LAKE WORTH, Florida 33467  
*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GABRIELLA MORENO	12362 SW 99TH ST	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GABRIELLA MORENO	12362 SW 99TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GBM GROUP INC	12362 SW 99TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FL

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TALLAHASSEE

SECRETARY OF STATE  
TALLAHASSEE, FL  
2024 JUL 24 PM 4:16

(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 (3)(b)

If the record 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 record is filed.

Dated JUNE 3RD 2024

**X**

*Joseph Murre*  
Signature of a member

Signature of a member or authorized representative of a member

GABRIELLA MORENO

Typed or printed name of signee