

L21000487137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

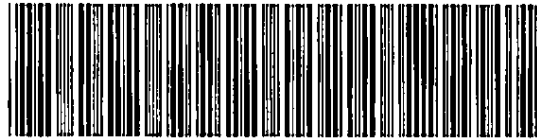
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300377034253

11/24/21--01013--002 **25.00

FILED
2021 DEC 28 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FL

JAN 14 2022



2021 DEC 23 PM 8:08

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2021

GONZALO CRUZ
PO BOX 941087
MIAMI, FL 33194

SUBJECT: GC CONTRUCTION LLC
Ref. Number: L21000487137

We have received your document for GC CONTRUCTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 921A00029878

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GC CONTRUCTION 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:

GONZALO CRUZ

Name of Person

Firm/Company

PO BOX 941087

Address

MIAMI FL 33194

City/State and Zip Code

ag.pluming@ymail.com

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

For further information concerning this matter, please call:

GONZALO CRUZ

Name of Person

at (305) 480-2062

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**

FILED

2021 DEC 28 AM 10:32

GC CONTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

REGISTERED STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/12/2021 and assigned
Florida document number L21000487137.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NAPLES CRUZ CONSTRUCTION LLC

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

New Registered Office Address:

NA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMR</u>	<u>ALFREDO CRUZ</u>	<u>6913 N ORLEANS AVE</u>	<input type="checkbox"/> Add
		<u>TAMPA , FL 33604</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Change

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

NA

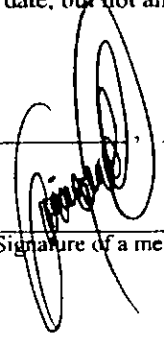
E. Effective date, if other than the date of filing: NA **(optional)**

(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 (3)(b)

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.

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 DECEMBER, 17, 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee