## h22000195761

| (Requestor's Name)                      |
|---|
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| (Address)                               |
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A. BUTLER DEC - 3 2022

## **COVER LETTER**

| Division of Co              | rporations                                      |   |   |
|-----------------------------|---|---|---|
| SUBJECT: GL                 | Contractor                                      | LLC   | <u> </u>  |
|                             | Name of Lim                                     | ited Liability Company  |   |
|                             |   |   |   |
| The enclosed Articles of    | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo  | indence concerning this matter                  | to the following:   |   |
| ·                           | -   |   |   |
|                             | <u>Leanna</u> I                                 | ) Notario   |   |
|                             |   | Name of Person  |   |
|                             |   |   |   |
|                             |   | Firm/Company  |   |
|                             |   | 1 No. 6 1 1 1 1   |   |
| •                           | 1442 NW 24                                      | th Street   |   |
|                             |   | Address   |   |
|                             | Miami, FL                                       | 33142<br>City/State and Zip Code                                    |   |
|                             |   |   | $\wedge$  |
|                             | E-mail address: (                               | to be used for internal report notif                                | ication)  |
| or further information c    | oncerning this matter, please co                | all:  |   |
| -                           | •   |   |   |
| eanna No                    | tario   | at (386) 688 -<br>Area Code Daytime                                 | - 5907  |
|                             | i Person  | Area Code Daytime   | : Telephone Number  |
|                             |   |   |   |
| inclosed is a check for the | he following amount:                            |   |   |
| X \$25.00 Filing Fee        | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                             |   |   |   |
|                             |   | 0   |   |

Mailing Address:

TO:

Registration Section

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

|  | Oi .   |                                |
|--|--|--------------------------------|
| GL CONTRACTOR LI<br>(Name of the Limited Liability Con<br>(A Florida Limit   | npany as it now appears on our records ed Liability Company) | 2022 AUG 29 AH 6: 13           |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number <u>122000 195761</u>                                      | my were filed on04\25  | and assigned and assigned      |
| This amendment is submitted to amend the following:  |  |                                |
| A. If amending name, enter the new name of the limited li  Contracting LLC  The new name must be distinguishable and contain the words "Limited Li |  | " 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 offic<br>agent and/or the new registered office address here:                                | ce address on our records, <u>enter</u>                      | the name of the new registered |
| Name of New Registered Agent:  |  |                                |
| New Registered Office Address:   |  |                                |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | I vpe of Action |
|--------------|-------------|---------|-----------------|
| <del></del>  |             |         | ∐Add            |
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| If an eff<br>Note: | ive date, if other than the date of filing: 08 23 20 20 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| e recor            | d 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              | 08/23/2022   |
|                    | Signature of a member or authorized representative of a member   |
|                    | <del>-</del>   |
|                    | Leanna Notario   |

. . . .

Filing Fee: \$25.00