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## **COVER LETTER**

TO:	Registrațion Sc Division of Cor			r	
SUBJI	ECT:	JULY MAS	STER PRO SERVICES	uc	
		Name of Lim	ited Liability Company		
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		JULIA MARIA	CENTENO MON JE Name of Person		
		JULY MAST	FR PRO SERVICES LL Firm/Company	<u> </u>	
		8501 SW 16	Address		
			Address	SECHLING OF STATE TALLAHASSEE, FL	-7
		M.Ami/F	FLORIDA 33155		******
			City/State and Zip Code	ation)	; ;
		E-mail address: (	to be used for future annual report notific	ration) mos	والمحدد الم
For fur	ther information c	concerning this matter, please co	all:	32 ATE	
JU1		JE f Person	at ( 78b ) 82b	- 0375 Telephone Number	
	rune o	T CISON	Area civae Dayinac	receptione realises	
Enclos	ed is a check for th	he following amount:			
□ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S		<u>Street Address:</u> Registration Sect	ion	
	Division of C P.O. Box 632		Division of Corporate The Centre of Ta		
	O. DUX 032	. 1	THE CERRE OF La	ranassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JULY MASHER PRO	
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>123800258521</u> .	were filed on $5\sqrt{23/2023}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
GTA CONSTRUCTION SER	VICES LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8501 Sto 16th St
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL
	33155
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8501 SW 1547 8 8 MIAMI, FL [ ] 0 11
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	Se p Mi
Name of New Registered Agent: ALLA	N GUTIERREZ
New Registered Office Address: \$50	Enter Florida street address
	MIAMI Florida 33155  City Zip Code
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

thereby 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. Thereby 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>	Address	Type of Action
<u>ngr</u>	ALLAN GUTIERREZ	8501 SW 16th SH	
		miami, FL 33155	<b>7</b>
			□Remove
			Change
1. G C	JULIA MARIA CENTOJO	3501 Sis 1611 St	{\begin{subarray}{c} \lambda \dd \\ \dd \end{subarray}}
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