Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383	TILE 1 JUN 27 ETABLÉSSI			
From:	Account Name : CONTRACTORS REPORTING SERVICES, INC. Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782	至3:13			

Emai	1 Address:	info@activatemylicense.com	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOMEZ CONSTRUCTION OF CENTRAL FLORIDA, LLC

Certificate of Status	0
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## **COVER LETTER**

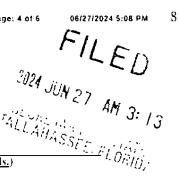
TO: Registration Sect Division of Corpo			
SUBJECT: GOMEZ C	CONSTRUCTION OF	CENTRAL FLORIDA,	LLC
		ited Liability Company	<del>- 11-</del>
The enclosed Articles of Ai	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	JANINE MITCHELL		
		Name of Person	
	CONTRACTORS R	EPORTING SERVICE	E INC
		Firm/Company	
	13795 N NEBRASK	A AVE	
		Address	
	TAMPA, FL 33613		
	1744474,7200010	City/State and Zip Code	
	info@activatemylicer	nse.com	
		to be used for future annual repo	off notification)
For further information con	cerning this matter, please ca	all:	
JANINE MITCHELL		813 932	-5244
Name of P	crson	Area Code	Daytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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**



GOMEZ CONSTRUCTION OF CENTRAL FLORIDA, LLC (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  $\frac{11/7/2023}{}$ and assigned

Florida document number \_\_L23000505435 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: New Registered Office Address: Enter Florida street 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.

\_\_. Florida \_\_\_

813)))

From: Janine Fax: +18139325244

To: Div of Corps -LLC

Fax: +18506176383

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06/27/2024 5:08 PM

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>	Type of Action
AMBR	HELBER SANTIAGO	329 ARCHIMEDES ST	= Add
		DUNEDIN, FL 34698	☐ Remove
			□Change
	<del></del>		□ Add
			Change Change
			□ Add → □ Add → □ Comove
			Change
			□Add
			Remove
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