

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.

(((H250001236343)))



H250001236343ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALL7 SERVICE LLC Account Number : I20240000077 Phone : (407)970-8143 Fax Number : (689)218-0977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARRA CONSTRUCTION GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu K. SALY

Help

1/1

APR - 7 2025

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



GARRA CONSTRUCTION GROUP 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 $\frac{02/06/2025}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A Name of New Registered Agent: N/A 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 <u>__</u>

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

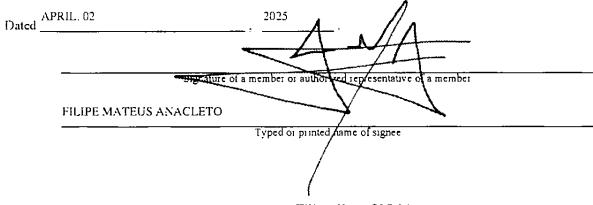
MGR = Manager AMBR = Authorized Member

3-Apr-2025 21:56

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VICTOR C. DO NASCIMENTO	R. ONZE DE JUNHO, 091 AP BL. UNICO UND 90	l ≣Add
		ITAJAI - SANTA CATARINA - BRAZIL	_ DRemove
		88301660	□ Change
AMBR	ANA PAULA DIAS	R. ONZE DE JUNHO, 091 AP BL. UNICO UND 90	l _ ≡ Add
		ITAJAI - SANTA CATARINA - BRAZIL	_ Remove
		88301660	_ DChange
			_ 🗆 Add
		TALLE HAS	Remove
			- DAdd T
			_ Change
			_ □Add
			_ DRemove
			Change
			_ 🗆 Add
			□Remove
			_ DChange

-												•
_											·· ··	
											2020	
-								-			APF	7
-			······································			<u> </u>	 '.E					F
_			_	<u>. </u>						<u>ئىن</u> <u>ئىن</u>		۲
											PE	1
-											-	•
-							-				<u> </u>	-
_				·-		·						
-												•
-												
_												
-	—						_					•
_						<u>. </u>						-
												-
-	<u> </u>											-
an eff iote:	ive date, if of fective date is l If the date in	isted, the date i	nust be speci block does	ific and can s not meet	not be prior the applic	to date of able statu	filing or mo tory filing	ore than 90 g requiren	(optional control of the control	filing.) Pur	suant to 609 not be list	5.0207 ed as

lf rec



Filing Fee: \$25.00