

L10000125502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

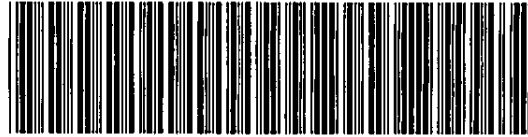
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 DEC 23 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE

12/31/14

JAN 07 2015
D. BRUCE

Gamma Capital LLC
435 NW Sun Flower Place
Jensen Beach, FL 34957
Tel: 772-232-9970

December 29, 2014

Ms. Deborah Bruce
Regulatory Specialist II
Department of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Ms. Bruce:

I am writing to you in regards to the enclosed letter. As president of Gamma Capital LLC, I am providing this letter in order to indicate that I have no intention of reinstating Gamma Capital LLC. I would like to release the name for use by my other Florida LLC, KVC Capital LLC. Please feel free to contact me if you have any questions. Thank you.

Sincerely,



Karl V. Chalupa
President

Tel: (772) 232-9970
Cell: (919) 608-2840
E-Mail: kchalupa@gammacap.com

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TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2014

KARL V. CHALUPA
435 NW SUN FLOWER PLACE
JENSEN BEACH, FL 34957

SUBJECT: KVC CAPITAL LLC
Ref. Number: L10000125502

We have received your document for KVC CAPITAL LLC and your check(s) totaling \$30.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L04000069318.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00027094

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KVC CAPITAL 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:

KARL V. CHALUPA

Name of Person

GAMMA CAPITAL LLC

Firm/Company

435 NW SUN FLOWER PLACE

Address

JENSEN BEACH, FL 34957

City/State and Zip Code

KCHALUPA @ GAMMACAP. COM

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

For further information concerning this matter, please call:

KARL V. CHALUPA

Name of Person

at (772)

Area Code

232-9970

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2014 DEC 23 PM 4:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

KVC CAPITAL 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 DECEMBER 7, 2010 and assigned Florida document number L 10000125502.

This amendment is submitted to amend the following:

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

GAMMA CAPITAL LLC

The new name must be distinguishable and end with 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)

435 NW SUN FLOWER PLACE

JENSEN BEACH, FL 34957

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

435 NW SUN FLOWER PLACE

JENSEN BEACH, FL 34957

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

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

Page 1 of 3

EFFECTIVE DATE 12/31/14

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STATE OF FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			☐ Add
			☐ Remove
			☐ Add
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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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

E. Effective date, if other than the date of filing: DECEMBER 31, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12-12-2014, _____

Karl V. Chalupa

Signature of a member or authorized representative of a member

KARL V. CHALUPA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA