

L15000055914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

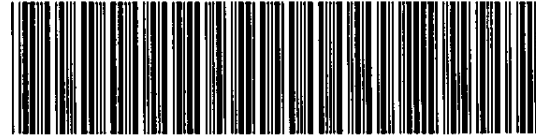
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 19 2016

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

DC Gama 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 03-30-2015 and assigned Florida document number L15000055914.

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:

2001 Biscayne Blvd. suite 113

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33137

Enter new mailing address, if applicable:

2001 Biscayne Blvd. suite 113

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33137

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

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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>	<u>Type of Action</u>
AMBR	Gabriel A. Del Campo	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gabriela I Garcia Mellado	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL. 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Agostina B. Del Campo Garcia	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alexandra N Del Campo	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria de las Mercedes Del Campo	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DC SANA GROUP LLC.	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>	<u>Type of Action</u>
MGR	Gabriel A. Del Campo	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elizabeth, Martin Luca	2001 Biscayne Blvd Suite 113	<input type="checkbox"/> Add
		Miami FL. 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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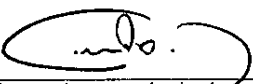
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 12 December, 2016



Signature of a member or authorized representative of a member

Gabriel Del Campo

Typed or printed name of signee

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TREASURER OF FLORIDA