

L15000055914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

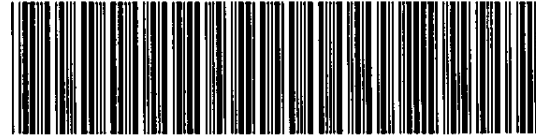
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEC 19 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DC GAMA 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:

Susan Chemen
Name of Person

Susie Chemen Consulting LLC
Firm/Company

20225 Ne 34th. Ct. # 2316
Address

Aventura FL 33180
City/State and Zip Code

suchemen@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Chemen 305 469-6873
Name of Person at () Area Code 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

**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	<u>DC SANA GROUP LLC.</u>	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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 TALLAHASSEE, FLORIDA

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
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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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 TREASURY FLORIDA