

L16000009364

05/03 09:58:37

SALVER AND

PAGE 01/04

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954)389-1333
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2016 MAY -3 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAMMA CONSTRUCTION LLC

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY -3 A 10:43

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAMMA CONSTRUCTION, 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 1/13/2016 and assigned Florida document number L16000009364

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)

11098 BISCAYNE BLVD.

SUITE 401

MIAMI, FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11098 BISCAYNE BLVD.

SUITE 401

MIAMI, FL 33161

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

City, Florida 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

FILED MAY - 3 10 44 SECRETARY OF STATE 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>
AMBR	YUMARY KOHLER	11098 BISCAYNE BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 401	<input type="checkbox"/> Remove
		MIAMI, FL 33161	<input type="checkbox"/> Change
AMBR	CATERINA BADIELLO	11098 BISCAYNE BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 401	<input type="checkbox"/> Remove
		MIAMI, FL 33161	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA
 ADD
 REMOVE
 CHANGE

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

Multiple horizontal lines for amending information.

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 X 05/02/2016

X [Signature]
Signature of a member or authorized representative of a member

X OSCAR GONCALVES
Typed or printed name of signee
GAMMA Construction LLC

2016 MAY -3 A 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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