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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Division of	n Section Corporations	
CORF	PORACION FIDAMA, L.L.C.	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	JORGE E. BLANCO, ESQ.	
	Name of Person	
	JORGE E. BLANCO, P.A.	
	Firm/Company	
	782 NW 42 AVENUE, SUITE 641	
	Address	
	MIAMI, FLORIDA 33126	
	City/State and Zip Code	
	mao194@hotmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
YAMI MARTOR	305 444-0044	
Nan	at () me of Person Area Code Daytime Telephone Number	
Enclosed is a check for	for the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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

FILED 2015 FEB 26 PM 12: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CORPOR	$\lambda \cap \cap \lambda $		 \sim
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(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 11/22/2010	and assigned
Florida document number L10000121200		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CORPOGAMMA, LLC		
The new name must be distinguishable and end with the words "Limited Liak	pility Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	9600 NW 25th STREET, UNIT 6A	
Principal office address MUST BE A STREET ADDRESS)	DORAL, FLORIDA 33172	
Enter new mailing address, if applicable:	S.A.A.	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
\	Cuy Zi	p 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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PAUL ORTEGA GONZALEZ	900 BISCAYNE BLVD., #3612	
		MIAMI, FLORIDA 33132	Remove
			Add
			□ Remove
			□ Add
			☐ Remove
			□ Remove
			☐ Remove
			
			Add
			□ Remove

	If amending any other	information, enter change(s) here: (Attach a	additional sheets, if necessary.)
	 		
(The effective date must be spe	than the date of filing: cific, cannot be prior to date of receipt or filed date and of by the Florida Department of State)	
	Dated FEBRUARY	17th 2015	
		Signature of a metinber or authorized represe	entative of a member

Page 3 of 3

Filing Fee: \$25.00

