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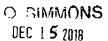
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COVER LETTER

Division of Cor	porations		
SUBJECT:	GAMMA CONSTRUC	TION LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and feers) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		OSCAR GONCALVES	
		Name of Person	
		GAMMA CONSTRUCTION LLC	
		Firm/Company	
	110	98 BISCAYNE BLVD. SUITE 303	
		Address	
		MIAMI FL 33161	
		City/State and Zip Code	
		goncalves01@gmail.com	
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
OSCAR	GONCALVES	305 733-3428	
Name o	l'Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	se following amount:		
S25.00 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:

, ,

TO:

Registration Section

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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

GAMMA CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/13/2016 The Articles of Organization for this Limited Liability Company were filed on _____ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	JOSE BREINDEMBACH		□ Add
		201 S. BISCAYNE BLVD., # 2825 MIAMI FL 33131	■ Remove
			□ Change
AMBR	OSCAR GONCALVES	201 S. BISCAYNE BLVD., # 2825 MIAMI FL 33131	☐ Add
			■ Remove
			□ Change
AMBR	BAY CONSTRUCTION & DEVELOPMENT LLC	11098 BISCAYNE BLVD. Suite 300 and 404 MIAMI FL33161	
			☐ Remove
			Change
AMBR	LOGIMIX GROUP, LLC	11098 Biscayne Blvd, Suite 303 MIAMI FL 33161	Add
			्ट्री Remove
			5
			□ Add ; □ Remove
			☐ Change
			Add
			□ Remove
			□ Change

Feetive date, if other than the date of filing:	
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	optional) after filing.) Pursuant to 605.0 this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:0 he 90th day after the record is filed.)1 a.m. on the earlier
ed 12 4 2018 **Symature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00