

4/9/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000142873 3)))



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To:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAMONTY USA LLC

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APR 13 2021

M. SOLOMON

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Corporate Filing Menu

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ARTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION

OF

GAMONTY USA 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 08/25/2016 and assigned
Florida document number L16000160013.

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

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

Title	Name	Address	Type of Action
MGR	GABRIEL MONTILVA	4546 SW 17TH AVE	<input type="checkbox"/> Add
		FLORIDA, 34116	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MIRIAN ESCALONA	4546 SW 17TH AVE	<input checked="" type="checkbox"/> Add
		FLORIDA, 34116	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2021 APR 12 AM 9:10
TAXLEAF.COM

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

2021 APR 12 AM 9:10

F

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 APRIL 1ST

2021

Signature of a member or authorized representative of a member

GABRIEL MONTILVA

Typed or printed name of signee