

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L17000027258

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : 120120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: customer@abkcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAMA USA BUSINESS AND CONSULTING LLC

| | |
|-----------------------|---------|
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Corporate Filing Menu

Help
MAR 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAMA USA BUSINESS AND CONSULTING 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:

STEPHANIE CASTRO

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY RD, STE 140

Address

ORLANDO, FL 32811

City/State and Zip Code

CUSTOMER@ABKCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE CASTRO

at (407) 898-1757

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GAMA USA BUSINESS AND CONSULTING 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 02/03/2017 and assigned
Florida document number L17000027258

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13423 GORGONA ISLE DR

WINDERMERE, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3423 GORGONA ISLE DR

WINDERMERE, FL 34786

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:

13423 GORGONA ISLE DR

Enter Florida street address

WINDERMERE

City

, Florida 34786

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> |
|--------------|---------------------|-----------------------|--|
| MGR | Pegoraro, Cesar | 13423 GORGONA ISLE DR | <input type="checkbox"/> Add |
| | | WINDERMERE, FL 34786 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Sauan, Luiz Alberto | 13423 GORGONA ISLE DR | <input type="checkbox"/> Add |
| | | WINDERMERE, FL 34786 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Sauan, Cintia Leda | 13423 GORGONA ISLE DR | <input type="checkbox"/> Add |
| | | WINDERMERE, FL 34786 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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WASHINGTON, D.C.

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Dated _____ MARCH 19 2020

Signature of a member or authorized representative of a member

CESAR PEGORARO

Typed or printed name of signee

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