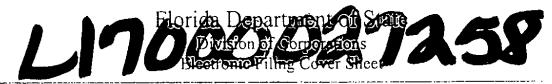
11:31 AM

TO:18506176383 FROM:5612934213



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000091800 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 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: rustomer @ abhcorp. com

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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MAR 25 2020 Help

Electronic Filing Menu Corporate Filing Menu

		C	OVER LETTER	
TO: Registrati Division (•	
		GAMA USA BUSIN	ESS AND CONSULTING LLC	
SUBJECT:		Name of Limite	d Liability Company	
The enclosed Artic	les of A	Amendment and fee(s) are subm	sitted for filing.	
Please return all co	orrespor	ndence concerning this matter to	the following:	
		STEPHANIE CASTRO		
			Name of Person	
		ACCOUNT BOOKKEEPIN	IG CORP	
			Firm/Company	
		5301 CONROY RD, STE 1-	40	
			Address	
		ORLANDO, FL 32811		
			City/State and Zip Code	
		CUSTOMER@ABKCORP.C	COM be used for future annual report not	ification)
	.,			
For further inform	iation co	oncerning this matter, please ca		
STEPHANIE CA	STRO		407 898-1757 at ()	
	Name o	f Person .	Area Code Daytir	ne Telephone Number
Enclosed is a chec	k for th	ne following amount:		
≘ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Bo	ation S on of C ox 632	Section Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

Page: 3 03/2472020 11:31 AM TO:18506176383 FROM:5612934213

(H20000091800 3)

03/24/2020 Page:

11:31 AM

TO:18506176383

FROM: 5612934213

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	INESS AND CONSULTING			
(Name of the Limited Liabili (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C Florida document numberL17000027258		02/03/2017	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :		
			- 20	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	signation "LLC" or the al	obreviation "L.L.	
Enter new principal offices address, if applicable:	13423 GORGON	IA ISLE DR	MAR.	
(Principal office address MUST BE A STREET ADDI	WINDERMERE	, FL 34786	24	
Trincipal office address .7031 Bb . Cor REEL 712 D.				
			= (
	3423 GORGON	A ISLE DR	무참 분	
Enter new mailing address, if applicable:	WINDERMERE	FL 34786		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·			
		_		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our re	cords, <u>enter the nan</u>	ne of the new registered	
Name of New Registered Agent:				
New Registered Office Address: 13423	GORGONA ISLE DR			
New Registered Office Address.	Enter Florida street address			
WINE	DERMERE	, Florida ³⁴	1786	
	City		Zip Code	
New Registered Agent's Signature, if changing Registere	ed 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

(H20000091800 3)

Page: 5 03/24/2020 11:31 AM TO:18506176383 FROM:5612934213

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>	Address	Type of Action
MGR	Pegoraro, Cesar	13423 GORGONA ISLE DR	
		WINDERMERE, FL 34786	□Remove
	: :		
AMBR	Sauan, Luiz Alberto	13423 GORGONA ISLE DR	□Add
		WINDERMERE, FL 34786	□Remove
	 		≘ Change
AMBR	Sauan, Cintia Leda	13423 GORGONA ISLE DR	□ Add
	}	WINDERMERE, FL 34786	□Remove
	· !		Change 20
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	! •		/ Remove :
			□Add
	:		Remove
			Change
	:		
			🗀 Remove
		(H20000091800 3)	□Change

(H200000 99800 3)