

617000 135950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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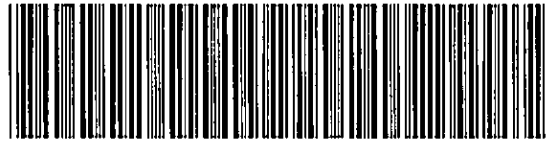
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JAN 9 PM 10:09

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GAMA PRODUCTIONS 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:

GAETANO NICOTRA

Name of Person

GAMA PRODUCTIONS LLC

Firm/Company

4900 Lombard Pass Drive

Address

LAKE WORTH, FL, 33463

City/State and Zip Code

gaetanoni@yahoo.com

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

For further information concerning this matter, please call:

Gaetano Nicotra

Name of Person

at ( 561 ) 633-9752

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GAMA Productions 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 06-25-2017 and assigned  
Florida document number L17000135950

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**)

4900 Lombard Pass Drive

Lake Worth, FL, 33463

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME AS ABOVE

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:

Giactano NIKOTRA

New Registered Office Address:

4900 Lombard Pass Drive

Enter Florida street address

Lake Worth

City

Florida

33463

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JAN 9 11 PM 10:08

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>
<u>PRESIDENT</u>	<u>ANNE M NICOTRA</u>	<u>4900 Lombard Pass Drive</u>	<input type="checkbox"/> Add
		<u>Lake Worth, FL, 33463</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>V. President</u>	<u>GAETANO NICOTRA</u>	<u>4900 Lombard Pass Drive</u>	<input type="checkbox"/> Add
		<u>Lake Worth, FL, 33463</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	<u>MARIZA MORINELLI</u>	<u>617 Pelican Bay Drive</u>	<input type="checkbox"/> Add
		<u>Daytona Beach, FL, 32119</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>Angelo Morinelli</u>	<u>617 Pelican Bay Drive</u>	<input type="checkbox"/> Add
		<u>Daytona Beach, FL, 32119</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

the reason for this filing to change address of  
Gama Productions LLC, as well as removing the  
Marinellis from the LLC. the sole owners of  
Gama Productions LLC are: ANNEMARIE NICOTRA &  
Gaetano Nicotra.

the new address of Gama Productions LLC  
4900 Lombard Pass Drive  
Lake Worth, FL, 33463

18 JAN 9 PM 10:03

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 01/01/2018 (optional)

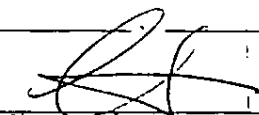
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 01/01/2018



Signature of a member or authorized representative of a member

Gaetano P. Nicotra

Typed or printed name of signer