

L18000290103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

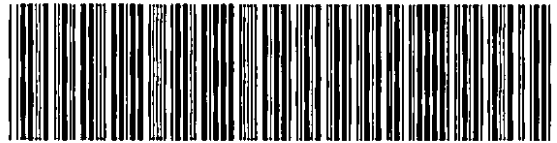
(Business Entity Name)

(Document Number)

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2021 NOV 16 PM 2:57
CLERK OF COURT
JULIA A. BROWN

C. BRUMBLEY
NOV 19 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 16 PM 1:39

November 8, 2021

BOBBY MCNALLY
801 BRICKELL AVE SUITE 2550
MIAMI, FL 33131

SUBJECT: GAMMAMIN, LLC
Ref. Number: L18000280103

We have received your document for GAMMAMIN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On lone 5(b) for the registered agent please only list a individual name or an active entity name on our records, the name can not be worded Leifnovie of Bdo usa.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 721A00027093

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gammamin, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bobby McNally / Maria Grigoryeva

Name of Person

Legacy Wealth Advisors, LLC

Firm/Company

801 Brickell Avenue, Suite 2550

Address

Miami, Florida 33131

City/State and Zip Code

bmcnally@lwgadvisors.com

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

For further information concerning this matter, please call:

Bobby McNally

Name of Person

at (305)

801-6140

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Gammamin, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

801 Brickell Avenue, Suite 2550, Miami, Florida 33131

801 Brickell Avenue, Suite 2550, Miami, Florida 33131

12/05/2018

L18000280103

3. Date of filing/registration in Florida

4. Document number

5. (a) AARON M. NEWMAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Aaron M. Newman

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

801 Brickell Avenue, Suite 2550

Miami, FL 33131

(b) LEIF NOVIC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Leif Novic

NEW Registered Office Address:

1450 Brickell Avenue, 18th Floor

Miami, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Eugene Frenkel

Signature of a member or authorized representative of a member

Eugene Frenkel

Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2021 NOV 16 PM 2:57
TALLAHASSEE, FL