

L21 000 170 627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

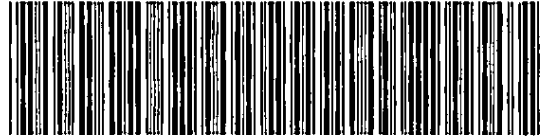
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. MATTHEWS

MAR 15 2022

22 FEB 25 PM 1:14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2022

RICHARD L. RICHARDS, ESQ  
55 MIRACLES MILE, STE 310  
CORAL GABLES, FL 33134

SUBJECT: GAMA JETS LLC  
Ref. Number: L21000170627

We have received your document for GAMA JETS 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):

PLEASE ENTER THE TITLE, NAME, AND ADDRESS OF THE PERSON BEING REMOVED FROM OUR RECORDS.

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.

Tekayla T Matthews  
OPS

Letter Number: 322A00001467

2022 FEB 25 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GAMA JETS 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:

RICHARD L. RICHARDS, ESQ.

Name of Person

RICHARDS LEGAL GROUP

Firm/Company

55 MIRACLE MILE, SUITE 310

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

RRICHARDS@RICHPA.NET

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

For further information concerning this matter, please call:

RICHARD L. RICHARDS, ESQ.

305 448-2228  
at ( )

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)

Note: per conversation,  
Filing Fee was  
received already.  
I am re-sending  
Form with corrections.

**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

RECEIVED

2022 FEB 25 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

22 FEB 25 PM 1:16

GAMA JETS 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 APRIL 20, 2021, and assigned  
Florida document number 121000170627.

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)**

14900 NW 44TH AVENUE, SUITE 9

OPA LOCKA, FLORIDA 33054

**Enter new mailing address, if applicable:**

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

14900 NW 44TH AVENUE, SUITE 9

OPA LOCKA, FLORIDA 33054

**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:

RICHARD L. RICHARDS

New Registered Office Address:

55 MIRACLE MILE, SUITE 310

*Enter Florida street address*

CORAL GABLES


*City*

Florida 33134

*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

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	DAVID TORRES-MONCADA	14900 NW 44TH AVENUE, SUITE 9	<input checked="" type="checkbox"/> Add
		OPA LOCKA, FLORIDA 33054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGELICA TORRES	14900 NW 44TH AVENUE, SUITE 9	<input checked="" type="checkbox"/> Add
		OPA LOCKA, FLORIDA 33054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ORLANDO MISERANDINO ORT	7256 LIVE OAK DR NAPLES, FL 34114	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

**Filing Fee: \$25.00**