

121 000343254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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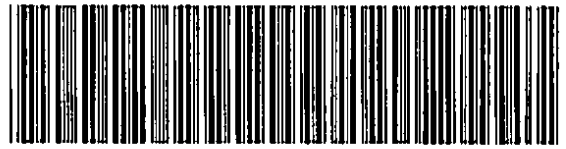
(Business Entity Name)

(Document Number)

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12/06/21--01020--018 **25.00

21 DEC -3 PM 3:24

T. MATTHEWS

DEC 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMA ALPHA 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:

MANUEL LOPEZ SUAREZ

Name of Person

GMA ALPHA LLC

Firm/Company

4813 WYNWOOD DR

Address

TAMPA, FL 33615

City/State and Zip Code

gmatransport@gmail.com

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

For further information concerning this matter, please call:

MANUEL LOPEZ SUAREZ

813

638-5753

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)

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

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

21 DEC -6 PM 3:24

GMA ALPHA 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 07/29/2021 and assigned
Florida document number 1.21000343254.

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)

MANUEL DE JESUS LOPEZ SUAREZ

4813 WYNWOOD DR

TAMPA, FL 33615

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4813 WYNWOOD DR

TAMPA, FL 33615

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:

MANUEL DE JESUS LOPEZ SUAREZ

New Registered Office Address:

4813 WYNWOOD DR

Enter Florida street address

TAMPA

City

Florida 33615

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

21 DEC - 6 PM 3:24

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	GUSTAVO H ALMEYDA	8911 TROPICAL PALM WAY	<input type="checkbox"/> Add
		PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANUEL D LOPEZ SUAREZ	4813 WYNWOOD DR	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* 24

21 DEC - 6 11:3: 24

E. Effective date, if other than the date of filing: _____ (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 NOV 30 21

Signature of a member or authorized representative of a member

Ronuel de Jesus Lopez Suarez
Typed or printed name of signer

Filing Fee: \$25.00