

Florida Department of State

L22000440715
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : SMART ACCOUNTING CORP
 Account Number : I20140000063
 Phone : (786)536-7882
 Fax Number : (786)703-7962

2022 OCT 24 4:41:25

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GAM1957 LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

APPROVED
 AND
 FILED
 2022 OCT 24 PM 2:09
 DIVISION OF STATE
 CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

GAM 1957 LLC

SUBJECT: _____
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:

GRISEL MAC WILLIAMS

Name of Person
GAM 1957 LLC

Firm/Company
810 E 39 PL

Address
HIALEAH FL 33013

City/State and Zip Code
jperez1014@hotmail.com

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

For further information concerning this matter, please call:

GRISEL MAC WILLIAMS

786

357-2998

Name of Person

at (_____) _____
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

GAM 1957 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 10/12/2022 and assigned
Florida document number L22000440715.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

810 E 39 PL

HIALEAH FL 33013

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

810 E 39 PL

HIALEAH FL 33013

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:

N/A

New Registered Office Address:

810 E 39 PL, HIALEAH FL 33013

Enter Florida street address

City

Florida

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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 HIALEAH, FL
 CLERK OF CIRCUIT COURT

is 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	GRISEL MAC WILLIAMS	810 E 39 PL	<input type="checkbox"/> Add
		HALEAH FL 33013	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ADRIAN DIAZ	810 E 39 PL	<input type="checkbox"/> Add
		HALEAH FL 33013	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)

CHANGE ADDRESS

10/12/2022

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.

OCTUBER 22 2022

Dated _____,

Good luck, Harry

Signature of a member or authorized representative of a member

GRISSEL MAC WILLIAMS

Typed or printed name of signee