

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  
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2022 OCT 24 14:40:25

\*\*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
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APPROVED AND FILED  
2022 OCT 24 PM 2:09  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF 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

\_\_\_\_\_ 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

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

Florida

City

Zip Code

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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

By attaching 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
			<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.)**

CHANGE ADDRESS

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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 G05.0207 (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 OCTUBER 22, 2022

*Grisel MacWilliams*

Signature of a member or authorized representative of a member

GRISEL MAC WILLIAMS

Typed or printed name of signee