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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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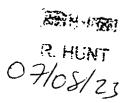




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07/05/23--01036--005 **





COVER LETTER

TO:

Registration Section

Division of Co	rporations			
	GAMMA, LLC			
SUBJECT:	Name of Lir	nited Liability Company		
	Amendment and fee(s) are sulpndence concerning this matter	-		
	ADRIANA MARQUEZ			
		Name of Person		-
	ACMM CONSULTING,	INC		. <u></u>
	 	Firm/Company	<u> </u>	- 13
	7791 NW 46TH STREET	SUITE 206		-2.
		Address		- SSO - 19
	DORAL FLORIDA 3316	6		PH 4: 21 OF STAT SEE, FL
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	26 ATE
	adriana@acmmconsulting.			
For further information c	oncerning this matter, please c	to be used for future annual report noti	neation)	
ADRIANA MARQUEZ		786 420-2541		
Name o	f Person	at () Area Code Daytim	e Telephone Number	<u></u>
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACTIVOS GAMMA, LLC	
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Company)	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L23000245055	05/18/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
ACTIVOS GAMMA, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7-3 -3 -2 2
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	D P P
Enter new mailing address, if applicable:	mo Z O
Mailing address MAY BE A POST OFFICE BOX)	: 28 FL
3. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	
	lorida street address
	, Florida
Cuy	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gutierrez Gudino, Sergio A.	7791 NW 46TH ST SUITE 206	≣ Add
		DORAL, FLORIDA 33166	□Remove
			□Change
			□Add
			□Remove
			☐Change
			ANASSEE FLE
			□Add
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			□Change

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