

L24000103810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

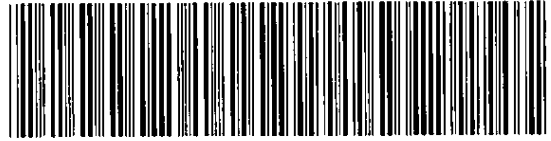
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000436448890

09/25/24--01008--032 **30.00

2024 SEP 25 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GAMM CONSULTINGÅ 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:

GELVINSON PONCE NOVOA

Name of Person

GAMM CONSULTINGÅ LLC

Firm/Company

1598 BITTERROOT ST.

Address

KISSIMMEE FL 34744

City/State and Zip Code

INFO@ASSELFIS.COM

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

For further information concerning this matter, please call:

GELVINSON PONCE NOVOA

407

431-6033

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

SECRETARY
TALLAHASSEE
2024 SEP 25 AM 9:17

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

GAMM CONSULTINGÂ 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 02/28/2024 and assigned
Florida document number L24000103810.

This amendment is submitted to amend the following:

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

KISHINTAI USA LLC

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)

9242 RANDAL PARK BLVD, APT0 12111

ORLANDO, FL., 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9242 RANDAL PARK BLVD, APT0 12111

ORLANDO, FL 32822

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:

HIPOLITO VANEGAS, GERMAN

New Registered Office Address:

9242 RANDAL PARK BLVD, APT0 12111

Enter Florida street address

ORLANDO

City

Florida 32832

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.


Signature of New Registered Agent

If Changing 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>
AMBR	PONCE NOVOA, GELVINSON	7513 FORT DESOTOÂ ST, APT 1123	<input type="checkbox"/> Add
		ORLANDO, FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AFRICANO USECHE, ANGELICA	7513 FORT DESOTOÂ ST, APT 1123	<input type="checkbox"/> Add
		ORLANDO, FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HIPOLITO VANEGAS, GERMAN	9242 RANDAL PARK BLVD, APTO 12111	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GONZALEZ BELTRA, LILIANA	9242 RANDAL PARK BLVD, APTO 12111	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32832	<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

2018 SEP 20 AM 11:17
 SECRETARY OF STATE
 TALLAHASSEE, FL

2024 SEP 25 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 25 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

09/18/2024

(optional)

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 SEPTEMBER 2024

Signature of a member or authorized representative of a member

GELVINSON PONCE NOVOA

Typed or printed name of signee

Filing Fee: \$25.00