L24000115517

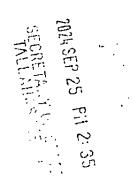
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700436448907

09/25/24--01009--030 **30.00



COVER LETTER

	ation Sec n of Corp		•	•
	MM CO	NSULTING LLC		, Pig
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed Art	ticles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		GELVINSON PONCE NO	OVOA	
			Name of Person	
		GAMM CONSULTING I	LC	
Firm/Company				
		1598 BITTEROOT ST		
			Address	***
		KISSIMMEE, FL, 34744		وسع
			City/State and Zip Code	350
		INFO@ASSELFIS.COM		
			to be used for future annual report noti	fication)
For further infort	nation coi	ncerning this matter, please c	all:	
GELVINSON PONCE NOVOA		407 431-6033 at ()	,116	
	Name of I	² erson		e Telephone Number
Enclosed is a che	ck 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)
	Address: ation Sc		Street Address: Registration Sec	ction
_		rporations	Division of Corp	
P.O. Bo	ox 632 <mark>7</mark>		The Centre of T	allahassee
Tallaha	issee. Fl	J 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAMM CONSULTING LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{03/06/2024}{}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1598 BITTEROOT ST	
Principal office address MUST BE A STRE		KISSIMMEE, FL, 34744	
Enter new mailing address, if applicable:		1598 BITTEROOT ST	2021 SE
Mailing address MAY BE A POST OFFICE BOX)		KISSIMMEE, FL, 34744	SE
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, <u>en</u>	iter the name of the new registe
Name of New Registered Agent:	PONCE NOVO	DA, GELVINSON	
New Registered Office Address:	1598 BITTERO		
		Enter Florida street ad	dress
	KISSIMMEE		. Florida <u>34744</u>
		City	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	PONCE NOVOA, GELVINSON	1598 BITTEROOT ST	□Add
		KISSIMMEE, FL 34744	□Remove
		CHANGE ADDRESS	
AMBR	AFRICANO USECHE, ANGELIC.	1598 BITTEROOT ST	□Add
		KISSIMMEE, FL 34744	Remove
		CHANGE ADDRESS	≡ Change
.			🗆 Add
			□Remove
			_ DChange
		 	_ □Add
		SECRETAX	202 Remove
			٠٠٠٠
		113	್ರ _ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			□Change

					
- 4/-					
			 		
				v.	20
	·			TALL)
					
				AH3/2	25
				7) 7) C.	== .
				. F-4.	79 35
				 	
Tective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ock does not meet the applic	r to date of filing or more	(option e than 90 days after fi requirements, this o	n al) ling.) Pursua late will no	nt to 605.020 t be listed a
	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th o	day after the
record specifies a delayed effective is filed. SEPTEMBER	. 2024	<u>.</u>			
is filed. SEPTEMBER	PTA:	orized representative o			

1 3)

Filing Fee: \$25.00