## P15000050979

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer	}
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DMODA NY, INC DRATION:		
OCUMENT NUM	P15000050979 IBER:		
he enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	DIEGO STECCHI		
	LUXURY RETAIL PARTNE	Name of Contact Person	1
	561 ALLENDALE ROAD	Firm/ Company	
	KEY BISCAYNE - FLORID	Address A. 33149	·
		City/ State and Zip Code	
	dstecchi@luxuryretailpartner	s.com	
	E-mail address: (to be us	sed for future annual report	notification)
or further informati	on concerning this matter, pleas	se call:	
DIEGO STECCHI		305 at (	2052561
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.(	neiding Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

DMODA NY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000050979 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: GAMMA3 ACADEMY, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street addr Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President: T= Treasurer; S= Secretary: D= Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X_</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change	_		
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional shee	ets, if necessary). (	s, enter change Be specific)			
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If an amendment pro	ovides for an exchan	ige, reclassifica	tion, or cancellat	ion of issued shar	es,
provisions for imple (if not applicable	ementing the amend	ment if not con	tained in the am	endment itself:	
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The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: It the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amentificient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
January 13t	rh 2021	
Dated		
Signature	Deep	
(By a di	irector, president or other officer - if directors or officers have no	ot been
	d, by an incorporator - if in the hands of a receiver, trustee, or ot	her court
annoint	ted fiduciary by that fiduciary)	
ирропп	DIEGO STECCHI	
ирроли	DIEGO STECCHI	
<b>ч</b> рроли	(Typed or printed name of person signing)	

(Title of person signing)