L13000094954

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	1
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COVER LETTER

TO: Registration Section
Division of Corporations

🧓 Gainway 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:

Lou Manzella

Name of Person

Florida Registration Services LLC

Firm/Company

6507 Doubletrace Lane

Address

Orlando, FL. 32819

City/State and Zip Code

flregsvs@yahoo.com

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

For further information concerning this matter, please call:

Lou Manzella

407, 489-4658

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Gainway LLC		
(Name of the Limited 1.	iability Company as it now appears on ou lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number L13000094954		
This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to amend the follow.	•	FIL 13 SEP I SECRETAR TALLAHASS
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	e designation "LLC" or the autrevition
Enter new principal offices address, if applical	ble:) A 7
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered officers.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	E., 171	ide street address
	Enter Flor	rida street address
		_, Florida
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

MGR CHUNG, TAM KAI FLAT 4, 23F, BLK B, DRAGON CT, 6 DRGN TERR TIN HAU, HONG KONG, HK 000 HK	Add Remove
TIN HAU, HONG KONG, HK 000 HK	Remove
MGR PUI MAN, ALAN LAM FLAT 4, 23F, BLK B, DRAGON CT, 6 DRGN TERR	Add
TIN HAU, HONG KONG, HK 000 HK	Remove
MGR Alan Kai Chung Tam FLAT 4, 23F, BLK B, DRAGON CT, 6 DRGN TERR	√ Add
TIN HAU, HONG KONG, HK 000 HK	Remove
MGR Pui Man Lam FLAT 4, 23F, BLK B, DRAGON CT, 6 DRGN TERR	✓ Add
TIN HAU, HONG KONG, HK 000 HK	Remove
	Add
TALLA:	Remove
LAHASSEE, FLORIDA	SEP 11 PM 1:57
ORIDA	Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
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September 5 / 2013
L LL
Signature of a member or authorized representative of a member
Lou Manzella, registered agent
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

FILED:

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SECRETARY OF STATE