

L14 000151868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature and date: 8/11/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOW CAPITAL ADVISORS 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:

ANDRES ROBERTO SINCLAIR

Name of Person

GOW CAPITAL ADVISORS LLC

Firm/Company

200 CRANDON BLVD, SUITE 323

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

andres.sinclair@gowcapital.us

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

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Andres Roberto Sinclair

786

2820308

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

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

GOW CAPITAL ADVISORS 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 09/29/2014 and assigned
Florida document number L14000151868.

This amendment is submitted to amend the following:

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

AEA21 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida 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 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>	<u>Type of Action</u>
MGR	WILLIAM BETHLEM	2003 NOTCHBROOK ROAD	<input type="checkbox"/> Add
		STOWE VT 05672	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDRES ROBERTO SINCLAIR	733 CRANDON BLVD PH5	<input checked="" type="checkbox"/> Add
		KEY BISCAVNE, FL, 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove


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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JULY 13 2021


Signature of a member or authorized representative of a member

ALVARO LOPES DA SILVA

Typed or printed name of signee