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JUN 2 6 2019

COVER LETTER

	Registration Sec Division of Corp			
	30 7 3 GATS	BY LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please ret	turn all correspor	ndence concerning this matter t	to the following:	
		RENAN RODRIGUES	•	ئى ئ
		<u></u>	Name of Person	<u> </u>
		CSG - CAPITAL SERVIC	ES GROUP INC	
			Firm/Company	
		6735 CONROY RD UNIT	305	
			Address	
		ORLANDO, FL 32835		•
		RENAN@THEWAYGROU	_ 	
		•	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca		
RENAN	RODRIGUES		407 770-5776	
	Name o	f Person	Area Code Daytimo	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3073 GATSBY LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
ne Articles of Organization for this Limited Liability Company were filed on 05/19/2017 orida document number 117000111728		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		45
Enter new mailing address, if applicable:		ι '
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, idress here:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		1.
	, Flori	da 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	ISNALIA T E SANTO SKRIVAN	6735 CONROY RD UNIT 305	
		ORLANDO, FL 32835	LI /\u0
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ective date, if other than the da effective date is listed, the date must b	nte of filing:			_ (optional)	
te: If the date inserted in this block	c does not meet the appl	icable statutory	or more than 90 o filing requirem	lays after filin ents, this dat	g.) Pursuant to e will not be	605.02 listed
rument's effective date on the Depa	irtment of State's record	15.				
record specifies a delayed e he 90th day after the recor	effective date, but r d is filed.	not an effectiv	ve time, at 1	2:01 a.m	on the ea	arlier
ed MAY 17TH	2019	 ·				

Page 3 of 3

Filing Fee: \$25.00