

107 000089540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

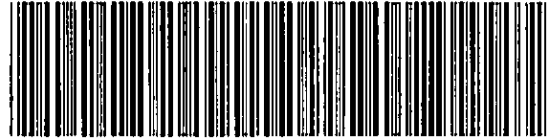
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2020 MAR 9 PM 5:35

C. GOLDEN

MAR - 9 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GATO ENTERPRISES, 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:

Sofia Powell-Cosio
Name of Person

Sofia Powell-Cosio, P.A.
Firm/Company

1200 Brickell Ave. Suite 520
Address

Miami, Fla. 33131
City/State and Zip Code

Sofiapc@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofia Powell-Cosio 305 579. 9988
Name of Person at () Daytime Telephone Number
Area Code

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



2020 MAR -9 PM 1:32

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2020

SOFIA POWELL-COSIO
1200 BRICKELL AVENUE
SUITE 520
MIAMI, FL 33131

SUBJECT: GATO ENTERPRISES, LLC
Ref. Number: L07000089540

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name and title of each person being changed on our records. *Done*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 420A00003867

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

GATO ENTERPRISES, LLC

2020 11 17 -9 PM 5:35

(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 08/30/2007 and assigned Florida document number L07000089540.

This amendment is submitted to amend the following:

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

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:

1200 Brickell Avenue Suite 520

(Principal office address MUST BE A STREET ADDRESS)

Miami, Fla. 33131

Enter new mailing address, if applicable:

1200 Brickell Avenue Suite 520

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Fla. 33131

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:

1200 Brickell Avenue Suite 520

Enter Florida street address

Miami

City

Florida 33131

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> |
|--------------|----------------------------------|---------------------------------------|--|
| <u>MGR</u> | <u>ALBERTO F. COSIO</u> | <u>1200 Brickell Avenue Suite 520</u> | <input type="checkbox"/> Add |
| | | <u>Miami, Fla. 33131</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input checked="" type="checkbox"/> Change |
| <u>MGR</u> | <u>MAGDALENA S. POWELL_COSIO</u> | <u>1200 Brickell Avenue Suite 520</u> | <input type="checkbox"/> Add |
| | | <u>Miami, Fla. 33131</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input checked="" type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <u>_____</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <u>_____</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <u>_____</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 17, 2020.

Magdalena Soria Powell-Cosio
Signature of a member or authorized representative of a member

Magdalena S. Powell-Cosio

Typed or printed name of signee