

LI 0000010164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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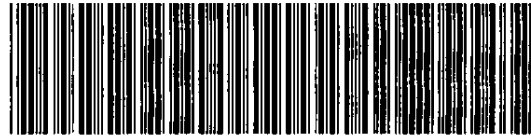
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-15-10, 13

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GATEWAY COMMERCE PARTNERS, 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:

Andrew E. Sanford

Name of Person

Gateway Commerce Partners, LLC

Firm/Company

13490 Old Livingston Road

Address

Naples, Florida 34109

City/State and Zip Code

asanford@itgholdings.com

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

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10 NOV 12 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Andrew E. Sanford

Name of Person

at ( 239 ) 514 - 4484

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**

**GATEWAY COMMERCE PARTNERS, 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 01/28/2010 and assigned  
Florida document number L10000010164.

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 end with 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)**

13490 Old Livingston Road

Naples, Florida 34109

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

13490 Old Livingston Road

Naples, Florida 34109

**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:

Andrew E. Sanford

New Registered Office Address:

13490 Old Livingston Road

*Enter Florida street address*

Naples

*City*

Florida

34109

*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.*

*Andrew Sanford*  
**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:

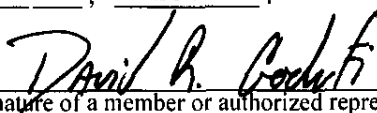
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                                      | <u>Type of Action</u>  |
|--------------|-------------------|---|--|
| MGR          | Andrew E. Sanford | 13490 Old Livingston Road<br>Naples, Florida 34109  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | David R. Goduti   | 7086 Sugar Magnolia Circle<br>Naples, Florida 34109 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Renzo Renzi, Jr.  | 4160 Crayton Road, #8A<br>Naples, Florida 34103     | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 5, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

David R. Goduti  
\_\_\_\_\_  
Typed or printed name of signee

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 10 NOV 12 PM 4:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA