1000/32336

(Requestor's Name)						
(Address)						
,						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
ł						
,						
ļ						

Office Use Only



12/12/11=-01029--008 **25.00

12/12/11--01029--008 **25.00

T. HAMPTON

DEC 2 9 2011

EXAMINER

COVER LETTER

TO:	Registration Division of C		ns				
SUBJE	CT:	<u>Sator</u>	Vendors, L	(ited Li	ability Company		
The encl	osed Articles	of Amendr	nent and fee(s) are su	bmitte	d for filing.		
Please return all correspondence concerning this matter to the following:							
			70	se	(OfelO Name of Person		
			Ga-	tor	Vendors, LLC Firm/Company		
			744	4	Herricks loop	**** · · · · ·	
			Orlando	FL	- 32835 /State and Zip Code		
		_	thecha	rity	DOX Q Y Mail (O)	√\ tion)	
For further information concerning this matter, please call:							
Joey Rubin Name of Person					at (407) 3466127 Area Code & Daytime Telephone Number		
Enclosed	l is a check fo	r the follow	ring amount:				
\$25.0	00 Filing Fee	\$3 0	0.00 Filing Fee & Certificate of Status		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<u></u> \$	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



RECEIVED

11 DEC 28 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 13, 2011

JOSE COTELO 7444 HERRICKS LOOP ORLANDO, FL 32835

SUBJECT: GATOR VENDORS LLC

Ref. Number: L11000132336

We have received your document for GATOR VENDORS LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 111A00027841

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Ol	2011 DEC 28 AM 11: 17
Gator Vendor	CS, LLC SECRETARY OF STATE
(Name of the Limited Liability Compar	ny as it now appears on Add red A.SEE. FLORIDA liability Company)
(A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company	were filed on
Florida document number 4:1000132336	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
ν/A	
The new name must be distinguishable and end with the words "Limit	ted 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 applicables	i
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
Musing undress NAT BLAT (ST CITIED BOX)	
	•
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
registered agent and/or the new registered office address nere	ž*
Name of New Registered Agent:	Al/n
New Registered Office Address:	$\rho \circ \rho \circ \rho$
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I housely account the approintment as resistant description	and to got in this composity. I fourther comes to comply with
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl	
accept the obligations of my position as registered agent as p	provided for in Chapter 608, F.S. Or, if this document is
being filed to merely reflect a change in the registered office	auaress, 1 nereby confirm that the timiled habitity

company has been notified in writing of this change.

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:

MGRM = Managing Member **Title Type of Action** <u>Name</u> <u>Address</u> Jose Cotelo Remove Remove ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Typed or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00

MGR = Manager