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(Re	equestor's Name)	
(Ad	dress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
. (Dc	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:
	JUL 1 9	2013
	A. LU	NT

Office Use Only



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2013 JUL 18 AH IO 18

COVER LETTER

TO: Registration Section Division of Corporation			·	
SUBJECT:	ateway Hou	se LLC		
	Name of Limit	ted Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Travis	Thames		
	~	Name of Person		
	100	Firm/Company		
	135 Que	n Guinevere Ct.		
	F. P	erce To 34940	ZOI3 JUL 18	
-	Homail address: (b	City/State and Zip Code WMLS @ GMAIL ON o be used for future annual report notificati		
For further information cond	cerning this matter, please ca	ali:	ESTAT LORAL STAT	الربية
Chelsen	Folkers	at (973) 722-61	175	
Name of Po	erson	Area Code & Daytime Te	lephone 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 en	

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

now appears on our records.) Company)
led on $\frac{7/10/30/3}{200}$ and assigned
npany here:
ility Company," the designation "LLC" or the abbreviatio
22
HASSEE, FLORIDA
dress on our records, enter the name of the new
Enter Florida street address
, Florida
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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manage or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Travic Thames	133 Queen Guinever	ect add
		135 queen Guinever Fort Pierce, FL 340	<u>94</u> 9 Remove
			Add
			Remove
		2013 J TALLA	
		ZOIS JUL 18 SECTION HASSE	
		E.F.	кещоче
			Remove
	•		
			Add
			Remove
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			Remove

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· •	
	
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ted	
	Signature of a member or authorized representative of a member
	- IVAVIS Thames
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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