115000172413

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

Office Use Only



200310337392

200310337392 04/02/18--01019--025 **25.00

ALLAHASSEEFI ON SIAH

APRO3205

COVER LETTER

TO	e: Reg Div	sistration Se ision of Cor	ction porations			
e I	DIECT.		rida Gate Services LLC			
S U	вјест:			ted Liability Company		
Th	e enclosed	d Articles of	Amendment and fee(s) are subr	Cate Services LLC Name of Limited Liability Company endment and fee(s) are submitted for filing. Ince concerning this matter to the following: Richard W. Barina Name of Person Central Florida Gate Services LLC Firm/Company 31361 State Rd 46 Address Sorrento, FL 32776 City/State and Zip Code abarina@comcast.net E-mail address: (to be used for future annual report notification) erring this matter, please call: at (407		
Ple	ase return	all correspo	ndence concerning this matter t	o the following:		
			Richard W. Barina			
				Name of Person		
Central Florida Gate Services LLC						
Firm/Company						
			31361 State Rd 46			
Address						
Sorrento, FL 32776						
City/State and Zip Code						
pbarina@comcast.net						
			E-mail address: (t	o be used for future annual report not	ification)	
Fo	further in	nformation c	oncerning this matter, please ca	dl:		
Ri	chard Bar	rina		407 535-0968		
	• • • • · · · · · · · · · · · · · · · ·	Name o	f Person	Area Code Daytin	ne Telephone Number	
En	closed is	a check for th	ne following amount:			
9	\$25.00 F	Filing Fee				

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

Central Florida Gate Services LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L15000172413</u>	npany were filed on January 24, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ted liability company here: ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." ESS) tered office address on our records, enter the name of the new	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u>(SS)</u>	5201.
Enter new mailing address, if applicable:		AHASSE ASSE
(Mailing address MAY BE A POST OFFICE BOX)		ES N
B. If amending the registered agent and/or registered agent and/or the new registered office addre		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Florida	
	Citv	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>	Name	<u>Address</u>	Type of Action
MGR	Richard W. Barina	2429 S. Elm Ave Sanford, FL 327	Add
			□ Remove
			Add
			☐ Remove
			☐ Change
			Remove
			□ Change
			Add
			Remove
			Change
			320
			Add
			ST Change
			Add
			□ Remove
			☐ Change

						-	
					· · · · · · · · · · · · · · · · · · ·		_
							-
	<u> </u>				<u>-</u>		_
							_
							_
			 				_
							_
							_
							-
							_
							_
		<u> </u>					
							-
						 -	_
							-
							-
Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block occurrent's effective date on the Department's	e specific and ca c does not mee artment of Stat	nnot be prior to det the applicable e's records.	e statutory filing	re than 90 days at requirements, t	his date wi	ll not be li	sted as t
	ffective dat	e, but not a	n effective ti	me, at 12:01	l a.m. on	the ear	lier of:
	d is filed.						
The 90th day after the record		2018					
The 90th day after the record Ited March 30 Cichand		2018	ed representative of	f a member			
Richard		2018 Barin	ed representative of	f a member		8	26 JPR - 2

Filing Fee: \$25.00