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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
<u> </u>	ocument Number)	
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COVER LETTER

10:	Division of Cor			•
SUBJE	Gatehouse	Florida Properties LLC		
30 D31		Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		David Willison		
			Name of Person	
			Firm/Company	
		1526 McCrea Drive		
		Lutz FL 33549	Address	
		david.willison1@gmail.con	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
David '	Willison		813 230-9682	
	Name o	f Person	at ()	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

(Name of the Limit of Linklity Comme		malu)
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	<u>i us.</u> j
The Articles of Organization for this Limited Liability Company	were filed on 1/14/2019	and assigned
lorida document number L19000016070		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
David Willison LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	 	
Principal office address MUST BE A STREET ADDRESS)		1
		一点, 图 —
nter new mailing address, if applicable:		PH 12:
Mailing address MAY BE A POST OFFICE BOX)		72
		<u>΄</u> ω
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	ffice address on our recor <u>e</u> :	ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	ا	lorida Zip Code
	City	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 araending 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	Address	Type of Action
			□ Remove
			☐ Change
			O Add
			☐ Remove
			☐ Change
			□ Remove
			Remove
		□ Add	
			Remove
			🗀 Change
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Effective date, if other than t	1/14/2019	(ontional)
(If an effective date is listed, the date Note : If the date inserted in this	must be specific and cannot be prior to date of file	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 (ry filing requirements, this date will not be listed as t
he record specifies a delay The 90th day after the r	yed effective date, but not an effec ecord is filed.	ctive time, at 12:01 a.m. on the earlier of:
Dated	2019	
/ /		
/ 1/0	outellison	entative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00