## L19000060035

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

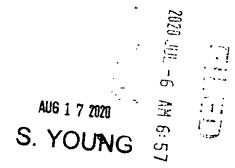
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## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT:	Name of Lin	nited Liability Company	ent	<u> </u>
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
	Louise	Jaffe Name of Person		
	Midgard	Firm/Company	at	Jas.
	1495 W.	Cypress Cres	ek	Rd. 202
	Fort da Jaffe d E-mail address:	City/State and Zip Code  Midgard Manag  to be used the future annual report note	3.2	3309 ent. Com
For further information co	oncerning this matter, please c		, , , , , , , , , , , , , , , , , , , ,	•
Name of	Jaffe Person	at (954) 640 Area Code Daytime	. O 2 : Telepho	33 one Number
Enclosed is a check for the	e 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:		Struct Address		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	202:
Miame of the Limited Libbil (A Florid	Development ity Company as it now appears on a Limited Liability Company)	our/ecords.)
The Articles of Organization for this Limited Liability (	Company were filed on $3.1$	. 2019 and assigned .)
Florida document number <u>L1 9000 600 3 5</u>	<u>.</u> .	
This amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the lim	ited liability company here:	·
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design:	ition "L.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	(ESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	ret address
		, Florida
	Cin	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

Title	<u>Name</u>	Address	Type of Action
MGR	Gateway Miami Investments, Sol	1475 W. Cypress (rock P. 33)	J Xvaq
		tort danderdale, FC.33	<u>∫o9</u> □Remove
	•		□Change
<del></del>			□Add
		<del>-</del>	□Remove
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Note:	we date, if other than the date of filing: 6.24.20 (optional) citive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	6.24.2020
	/
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  OUNSE  Typed or printed name of signee

Filing Fee: \$25.00