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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: (561)694-8107 Fax Number: (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	<u> </u>
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GATOR NEWTOWN PA, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATOR NEWTOWN PA, LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Comp	pany)	
he Articles of Organization for this Limited Liability Company were filed of	On December 9, 2019	_and assigned
orida document number L19000290393		
us amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability compa	ny here:	
ATOR NEWTOWN, LLC		
ne new name must be distinguishable and contain the words "Limited Liability Company,	" the designation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
	>: >	~
		2019
ater new mailing address, if applicable:	<u>→ → · · ·</u>	- <del> </del>
failing address MAY BE A POST OFFICE BOX)	5	٠ ن
<u></u>	6년 (주건)	3
		11
If amending the registered agent and/or registered office address on	our records, enter the name o	the new registe
ent and/or the new registered office address here:	<u>c: -1</u>	
		<del></del>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	ter Florida street address	<del></del>
	, Florida	
Cirv		7in 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	Name	Address	Type of Action
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			Change
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			□Change
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			DChange
			DAdd
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			□Change
			C]Add
			□Remove
			Change

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cord sp s filed.	ecifies a delay	ed effective date	e, but not a	n effective	time, at 12:	01 a.m. on t	he earlier of: (	b) The 90th d	ay after th
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