L200000 72652

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) tified Copies Certificates of Status pecial Instructions to Filing Officer:	
Special Instructions to F	iling Officer:	

Office Use Only



700349503487

08/10/20=-01033=~030 **25.00

2020 AUG 10 AM 8: 22 SECNI AND SEED NOTE

D. BRUCE SEP 29 2020

COVER LETTER

Registration Section

Division of Corporations

го:

SUBJECT:	Y TEAM ON TOUR LLC	1			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	MIRIAM S. BEOTO				
		Name of Person			
	SMALL BUSINESS CEN	TER LLC			
		Firm/Company	<u> </u>		
	4441 SW 134TH CT				•
		Address			
	MIAMI, FL 33175				
		City/State and Zip Code			
	gatewayteam.usa@gmail.co	om			
		to be used for future annual report	notification)	77 SEC 2020	
For further information c	oncerning this matter, please ca	all:		2020 AUG TO SECRETAL TALLAHA	7
MIRIAM S. BEOTO		305 302-750	0	(v) -	2 4 - E
Name o	f Person		ytime Telephone Number		9 - U - I 1944-44 1944-44
Enclosed is a check for the	ne following amount:			E 22	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	•
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	The Centre		10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

GATEWAY TEAM ON TOUR LL			
(Name of the Limite	ed Llability Con (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Li	ability Compa	ny were filed on 03/04/2020	and assigned
Florida document number L20000072652			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited li	iability company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STREE	T ADDRESS		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or reagent and/or the new registered office addres	•	ce address on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street add	ress
			Florida
		City	Zip Code

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

ť.

□ Change

AGR = Manager

MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
MBR	FEDERICO L HERRERA, SR	5838 Collins Ave #14D	□Add
		Miami Beach, FL 33140	■ Remove
			Change
AMBR	FEDERICO LUCENA HERRERA	5838 Collins Ave #14D	= Add
		Miami Beach, FL 33140	□ Remove
			Change
		TAL	
		AHR SSE	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
		L	☐ Change 2 2 2 2 2 3 4 4 4 5 7 8 8
			□Remove
			Change
<u>.</u>		·	□ Add
			□Remove
			Change
			□Add
			□Remove

	., .			· 			
				·····			
•							
		····					
			.				
	_			. <u> </u>			
					.		
							
	-					-3	
					7 0	020 A	ب د
					A	<u>5</u>	17
					ASS SS	-	;
		·			<u>fur</u>	- <u>≅</u> -	-
	-		····			- 2 2	
	- ,-						
				<u> </u>			
ffective date, if other than the date of filing:	04/2020			(optio	ıal)	**	
an effective date is listed, the date must be specific and canno Note: If the date inserted in this block does not meet the	t be prior to le applicab	date of filing lie statutory	or more than 9 filing require	0 days after fi ments, this	ing.) Pursua late will no	ent to 605 ot be liste	ed a
locument's effective date on the Department of State's	records.						
record specifies a delayed effective date, but not an eff	factive time	e at 12:01 a	m on the ea	rlier of (h)	The QOth	dav after	r th
d is filed.	ective time	C, at 12.01 a	.m. on the ca	inci oi. (b)	The Jour	ony arter	
244							
Dated N/A		_ ·					
(1/1/1)							
Signature of a membe	т от authori:	zed represent	ntive of a men	lber			

Filing Fee: \$25.00