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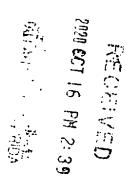
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OCT 1 9 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ATEWARE UNI	ITED STATES LLC	
		
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		✓ Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		✓ Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
gnature		Fictitious Owner Search
		Vehicle Search
		Driving Record
quested by:BA	10/15/20	UCC 1 or 3 File
me	Date Time	UCC 11 Search
		UCC 11 Retrieval
ılk-In	Will Pick Up	Courier

COVER LETTER

TO: · Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
GATEWA	RE UNITED STATES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	GABRIELLA CASTRO		
		Name of Person	
	Name of Person CSG - CAPITAL SERVICES GROUP INC Firm/Company 1191 E NEWPORT CENTER DR #103 Address DEERFIELD BEACH - FL 33442 City/State and Zip Code GABRIELLA@THEWAYGROUP.BIZ E-mail address: (to be used for future annual report notification) information concerning this matter, please call:		
		Firm/Company	
	1191 E NEWPORT CENT	TER DR #103	
		Address	
	DEERFIELD BEACH - F	L 33442	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	
GABRIELLA CASTRO		at ()	
Name of	l Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	o following amount:		
Enclosed is a check for the			E: 040 40 EII; E:
☐ \$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 Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0 11 71 5:47

GATEWARE UNITED STATES LLC		
(Name of the Limited)	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi		2020 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office address on our recor nere:	ds, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
_		, Florida Ziv 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 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	Address (10 11 5147	Type of Action
AMBR	RUBENS W SABINO	1191 E NEWPORT CENTER DR SUITE 103	□Add
		DEERFIELD BEACH, FL 33442	= Remove
			□Add
			□Remove
			Remove
		<u></u>	□Change
			🗆 Add
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	5/2020		(antional)	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot	re prior to date of filing	or more than 90 day	(Optivitat) s after tiling.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the	applicable statutory	filing requiremen	ts, this date	will not be listed as
ocument's effective date on the Department of State's r	ecords.			
record specifies a delayed effective date, but not an effe	ctive time, at 12:01 a	.m. on the earlier	of: (b) Th	e 90th day after the
t is filed.			,	-
October 15th 2020				
Pated	·			
\bigcap \bigwedge \bigwedge				
Signature of a member	or authorized represent	ative of a member		
Signature of a member	or authorized represent	apric of a memoer		
MARCOS REZENDE - AUTHORIZED REF	RESENTATIVE			

Filing Fee: \$25.00