## L20000166623

(Requestor's Name)					
(Address)					
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(City/Chate/Zie/Chana 40					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CUDIECT.	323 TOLLGAT	E SHORES LLC				
SUBJECT:	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub	<del>-</del>				
Please return all correspo	indence concerning this matter	to the following:				
		Yanet Comesanas				
	Name of Person					
	VGV (US) LLC					
Firm/Company						
2100 Ponce de Leon, Suite 850						
Address						
		Coral Gables, FL 33134				
		City/State and Zip Code				
	yanetc@vivancoyvivanco.com					
	E-mail address: (	to be used for future annual rep	ort notification)			
For further information of	oncerning this matter, please c	all:				
Yanet Comesanas		786 at ( )	471-4655			
Name o	f Person		Daytime Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		<u>Street Addı</u> Registrati	ress: on Section			
Division of Corporations		Division of	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TOLLGATE SE			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears o Liability Company)	n our records.)	
the Articles of Organization for this Limited Liab lorida document number L20000166623	oility Company	were filed on	01/25/2021	and assigned
his amendment is submitted to amend the follow	ring:			
a. If amending name, enter the new name of th	he limited liab	ility company here	:	
he new name must be distinguishable and contain the word	ds "Limited Liabil	lity Company," the design	gnation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		2100 Ponce de Leon Blvd Suite 850		
Principal office address MUST BE A STREET ADDRESS)		33134, Coral Gables, FL, USA		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		<del></del>	
3. If amending the registered agent and/or registered and/or the new registered office address in Name of New Registered Agent:	<u>here</u> :	address on our reco		me of the new regis
Name of New Registered Agent.	0100 P		<del></del>	: 2021
New Registered Office Address:	2100 Ponce de Leon Blvd. Suite 850  Enter Florida street address		<u> </u>	
	Coral Gables	Zinei Tioriuu		
	- Corar Gaules	City	, Florida	73134 Code
Non-Boston d Assert Company of the State De-		•		

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 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>	<u>Name</u>	Address	Type of Action
MGR	Jonathan Taylor	30 E Sunrise Avenue, Coral Gables, Florida 33133	□Add
			\begin{align*} \b
			□Change
MGR	AVALON UNITED LLC	3411 Silverside Road, Tatnall Building	<b>=</b> Add
		#104 Wilmington, DE 19810	□Remove
			□Change
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. October 15th 2021 Dated \_\_\_\_ Signature of a member of authorized representative of a member Carlos Javier Fiallo

Typed or printed name of signee