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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	GATECA,	LLC		
SUBJEC	-1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		HUGO CASANOVA		
			Name of Person	
		GATECA, LLC		
			Firm/Company	
		18524 NW 67 AVENUE		
			Address	
		HIALEAH, FL. 33015		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		HCASANOVA@CASANO	DVA-GROUP.COM to be used for future annual report notif	,
For furthe	er information co	oncerning this matter, please ca	•	neation)
HUGO C	CASANOVA		786 493-0498	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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		Street Address:	ai
	Segistration Solivision of Co		Registration Sec Division of Corp	
	P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATECA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 17, 2020 and assigned Florida document number L20000168187

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:
New Registered Office Address:

Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	PEDRO MANINAT	18524 NW 67 AVENUE, HIALEAH, FL. 33015	🗆 Add
			■ Remove
			□Change
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	the date, if other than the date of filing:
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 d.
d is file	
u is iiie	07/09/20 · De
u is iiie	Signature of a member or authorized representative of a member

Filing Fee: \$25.00