

L2C 000270828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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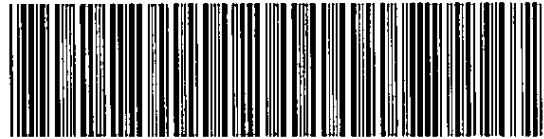
(Business Entity Name)

(Document Number)

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12/30/20
SP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATEWAY MEDICAL PROPERTY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODNEY S WHITE CPA

Name of Person

RODNEY S WHITE CPA

Firm/Company

4650 LIPSCOMB ST NE, SUITE 20

Address

PALM BAY FL 32905

City/State and Zip Code

rodwhitecpa@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODNEY S WHITE CPA

321 728-9366
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

GATEWAY MEDICAL PROPERTY 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 8/31/2020 and assigned Florida document number 420000370828

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 "L.L.C."

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)

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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:

RODNEY S WHITE CPA

New Registered Office Address:

4650 LIPSCOMB ST NE, SUITE 20

Enter Florida street address

PALM BAY

City

Florida 32905

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.

Rodney S. White CPA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STURM, WILLEM J	4975 DIXIE HWY NE #503	<input type="checkbox"/> Add
		PALM BAY FL 32905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MCKINNEY, CURTIS J	2112 W NEW HAVEN AVE	<input type="checkbox"/> Add
		MELBOURNE FL 32904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEAMBOAT LANDING LLC	4975 DIXIE HWY NE #503	<input checked="" type="checkbox"/> Add
		PALM BAY FL 32905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TM & CM, INC	2112 W NEW HAVEN AVE	<input checked="" type="checkbox"/> Add
		MELBOURNE FL 32904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

Dated 11/18/2020, 2020

X 
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

WILLEM J STURM

Typed or printed name of signee