## L20000300255

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/14/2021			
0.75	WAY TO DEFAMO IN		WALK IN*
ENTITY NAME GATE	WAY TO DREAMS, LLC		
DOCUMENT NUMBER_	_20000300255		
	**PLEASE FILE THE A	TTACHED AND RETURN**	
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & S Certificate of Good Standing		
<del> </del>	**APOSTILLE' / NOT	ARIAL CERTIFICATION**	_
COUNTRY OF DESTINAT. NUMBER OF CERTIFICAT			
TOTAL OWED \$25.00		ACCOUNT #: I20160000072	
Please call Tina at th	e above number for any	issues or concerns. Thank you so muc	ch!

## 

2021 JAN 14 AM 9: 38

GATEWAY TO DREAMS LLC

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

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Horida document number 1.20000300255		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18117 Biscayne Blvd Suite #2169	
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33160	
Enter new mailing address, if applicable:	18117 Biscayne Blvd Suite #2169	
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33160	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the ney
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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: The same form

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	2021 JAN 14 AM 9: 38	Type of Action
AMBR	Omar Taveras	SECTION OF FLORE	
			□ Remove
		18117 Biscayne Blvd Ste 2169 Miami, FL 33160	■ Change
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			☐ Remove
			☐ Change

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	2021 JAN 14 AM 9: 38
	SECRLI II. V. JAME Walley Speed, FL
-	
Effective date, if other than the date of filing	(optional)
(If an effective date is listed, the date must be specific and can. Note: If the date inserted in this block does not meet document's effective date on the Department of State	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be listed as is records.
he record specifies a delayed effective date The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of:
Dated 01/12/2021	·
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Typed or printed name of signee

Filing Fee: \$25.00