L20000337658

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COVER LETTER

TO:

TO: Registration Sec Division of Cor			
VFR GATE	S LLC	· *	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
	ndence concerning this matter		
	JACK R. MONSALVE		
		Name of Person	
	VFR GATES LLC		
		Firm/Company	
	1095 MILITARY TRAIL.	SUITE 1447	
		Address	
	JUPITER, FL 33458		
		City/State and Zip Code	
	Peanut19053@gmail.com	to be used for future annual report no	titication)
For further information of	oncerning this matter, please co		
Jack R Monsalve		917 743-4204	
Name o	of Person	at () Area Code Dayti	me 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 caclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration S	ection
Registration Division of C		Division of Co	orporations
P.O. Box 632	27	The Centre of	Tallahassee roc Street, Suite 810
Tallahassee.	FL 32314	2445 N. MOIII	OC DITCOL DUICE OTO

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO



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VFR GATES 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 Liabilit	· · ·	and assigned
Florida document number L20000337658	·	
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	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida Zip 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>	<u>Name</u>	Address 21 JUH - 1 FA 10	Type of Action
MGR	JACK R. MONSALVE	1095 MILITARY TRAIL, SUITE 1447	■Add
		JUPITER, FL 33458	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Remove
			□Change
			□ Add
			□Remove
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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12/12/2020	(optional)
ective date, if other than the date of filing: 42/12/2020 effective date is listed, the date must be specific and cannot be prior to d	late of filing or more than 90 days after filing.) Pursuant to 605
effective date is listed, the date must be specific and cannot be prior to desire the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	e statutory thing requirements, this date with not be and
,	
cord specifies a delayed effective date, but not an effective time	, at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	
12/12/2020	
ed 12/12/2020	
The market	
Signature of a member or authorize	red representative of a member

Filing Fee: \$25.00