LZ1000070481

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor	ection porations		
GATITA S	PORTS BAR & GRILL,LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matter to	o the following:	
	MARCOS O TORRES		
		Name of Person	
	GATITA SPORTS BAR &	GRILL LLC	
		Firm/Company	
	2418 NW 27TH AVE		
		Address	
	MIAMI,FL 33142		
	nancyarteaga0707@gmail.co	City/State and Zip Code	
		o be used for future annual report notifica	tion)
For further information	concerning this matter, please co	all:	
MARCOS TORRES		786 365-4500 at ()	elephone Number
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section of Status & Certificate of Status & Certified Copy (additional copy is employed)
P.O. Box 6	n Section *Corporations	Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATITA SPORTS BAR & GRILL.	LLC		
(Name of the Limits	ed Liability Company as it now (A Florida Limited Liability Com	appears on our records.) spany)	
The Articles of Organization for this Limited Li Florida document number L21000070481 This amendment is submitted to amend the follo	·	on <u>02/10/2021</u>	_ and assigned
		1	
A. If amending name, enter the new name of	f the limited liability comp	any nere:	
The new name must be distinguishable and contain the w	vords "Limited Liability Compan	y," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address agent and/or the new Registered Agent:	registered office address o	n our records, <u>enter the name</u>	of the new registered
New Registered Office Address:	2418 NW 27TH AVE		
New Registered Office Tudiosis	MIAMI	Enter Florida street address, Florida 331	42 (2)
	City		Asp Code ≥ · I
New Registered Agent's Signature, if changing	Registered Agent:		:Đ
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of the	per and complete perform gistered agent as provided e registered office address	l for in Chapter 605, F.S. Or	if this document is

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>	Type of Action
PRES	MARCOS O TORRES	2418 NW 27TH AVE	
		MIAMI FL.33148	□Remove
			Change
			□ Remove
			Change
			□Add
			Remove
			Change
			[]Add
			Remove
			EDChange
			AP PO Add
			D □ Remote
			□Change
			□Add
			□Remove
			Change

							
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ffective date, if oth	or than the data	of filing:	5/2021		_ (option	al)	
The continue date of the tions	of the date must be s	need Go and cannot	be prior to date of	f filing or more th	nan 90 days after ti	ling.) Pursuant to 6	05.020
ote: If the date insecured in the date in the ocument's effective	rted in this block of date on the Depart	loes not meet the	e applicable sta records.	tutory tiling rec	quirements, this c	iate will not be if	(P/)
ocument's enective	date on the Depart	mene of State o				2021	,-
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Filing Fee: \$25.00