

h21000194459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

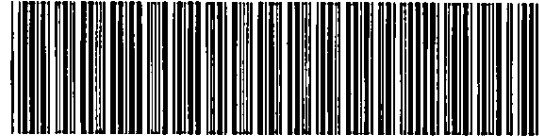
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22 AUG 30 AM 10:31
DIVISION OF CORPORATION

SAUL EWING
ARNSTEIN
& LEHR ^{LLP}

Georgina A. Mora
Phone: 305.428.4665
Fax: 305.808.8606
georgina.mora@saul.com
www.saul.com

August 29, 2022

VIA OVERNIGHT MAIL

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

22 AUG 30 AM 10:31
DIVISION OF CORPORATIONS
STATE OF FLORIDA

RE: Gulf Gateway Resort & Marina, LLC – Amendment

To Whom It May Concern:

Enclosed please find the completed Articles of Amendment to Articles of Organization for Gulf Gateway Resort & Marina, LLC and check in the amount of \$25.00. Please forward the filed Amendment to me via email to georgina.mora@saul.com. Additionally, enclosed please find a return label for the original filed document.

Should you have any questions, please contact me.

Sincerely,



Georgina A. Mora
Real Estate Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GULF GATEWAY RESORT & MARINA, 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:

ANTHONY KANG, ESQ.

Name of Person

SAUL EWING ARNSTEIN & LEHR LLP

Firm/Company

701 BRICKELL AVENUE, 17TH FLOOR

Address

MIAMI, FL 33131

City/State and Zip Code

ANTHONY.KANG@SAUL.COM

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

22 AUG 30 AM 10:31
RECEIVED
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

ANTHONY KANG

at (305) 428-4515

Name of Person

Area Code

Daytime Telephone 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)

☐ \$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**

GULF GATEWAY RESORT & MARINA, 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 April 27, 2021 and assigned
Florida document number L21000194459.

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)

22 AUG 30 AM 10:31
REGISTERED AGENT

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

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
MGR	PETER BAYTARIAN	1199 S. FEDERAL HIGHWAY, SUITE 161	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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22 AUG 31 AM 9:31
DIVISION OF INFORMATION
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

22 AUG 30 AM 10:31

THE UNIVERSITY OF CHICAGO

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 29, 2022

Signature of a member or authorized representative of a member

PETER BAYTARLAN

Typed or printed name of signee

Filing Fee: \$25.00