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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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[Signature]



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RECORDS SECTION

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **GATE PARKWAY CHARTER 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:

Taylor Smith

Name of Person

GATE PARKWAY CHARTER PROPERTY, LLC

Firm/Company

4455 Kelnepa Dr

Address

Jacksonville, FL 32207

City/State and Zip Code

taylor.smith1@comcast.net

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

For further information concerning this matter, please call:

Taylor Smith

904

226-1689

at (_____) _____

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

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DIVISION OF CORPORATIONS

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>
MGRM	Taylor Smith	4455 Kelnepa Dr Jacksonville, FL 32207	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jose I Moreno	240 NW 76th Drive, Suit D Gainesville, FL 32607	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2 SEP 2004 AM 9:03

Division of Child Support


This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

22 SEP 20 AH 9:03

THE
CITY OF
NEW YORK
COUNTY OF
NEW YORK

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.

Dated September 14, 2022


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00