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## **COVER LETTER**

Div	ision of Cor	porations		•	
erm rece.	GATE PAR	KWAY CHARTER PROPER	TY, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del>.</del>	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Taylor Smith			
			Name of Person		
		GATE PARKWAY CHAI	RTER PROPERTY, LLC		
		<del> </del>	Firm/Company	·	
		4455 Kelnepa Dr			22
			Address	· <u>-</u>	2 SE
		Jacksonville, FL 32207			SEP 20
			City/State and Zip Code		
		taylor.smith1@comcast.net			<u> </u>
		E-mail address: (	to be used for future annual report noti	fication)	9: 03
For further in	nformation c	oncerning this matter, please o	all:		ယ်
Taylor Smith	h		904 226-1689 at ( )		
	Name o	f Person		e Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 F	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)	ı
	fling Addres		Street Address:	otion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000333696	were filed on 07/22/2021	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	4455 Kelnepa Dr Jacksonville, FL 32207	22
(Principal office address MUST BE A STREET ADDRESS)		SE 55
	<del> </del>	<u> </u>
Enter new mailing address, if applicable:	4455 Kelnepa Dr Jacksonville, FL 32207	<b>A</b>
(Mailing address MAY BE A POST OFFICE BOX)		9: C3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name o	of the new register
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>	Name	Address	Type of Action
MGRM	Taylor Smith	4455 Kelnepa Dr Jacksonville, FL 32207	<b>=</b> Add
			□ Remove
			Change
MGRM	Jose I Moreno	240 NW 76th Drive, Suit D Gainesville, FL 32607	□ Add
			= Remove
			Change
	<del></del>		□Add
			Remake HS SEP
			Add 9: 0 3: 1
			☐ Remove
			□ Change
			□Add
			🗆 Remove
			Change
			□ Add
			□ Remove

. It amending any other informat	tion, enter change(s) here: (Attach additional sheets, if neo	essary.)
	<del></del>	
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		22 SEP 20 AH 9: 03
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		9: 3
		ω
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be prior to date of filing or more than 90 days afte ock does not meet the applicable statutory filing requirements, th	ional) r filing.) Pursuant to 605.0207 (3 is date will not be listed as the
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (	b) The 90th day after the
Dated September 14	, 2022	
- Tym	Signature of a member or authorized representative of a member	
Taylor Smith	·	
	Typed or printed name of signee	<del></del>

Filing Fee: \$25.00