h22000138854

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T. MATTHEWS
JUL 2 2 2022

COVER LETTER

TO:	Registration Se Division of Cor						
CHD IE		Y HIALEAH, LLC					
SUBJEC	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Camilo Aldama					
			Name of Person				
			Firm/Company				
		16400 NW 59th AVE					
			Address				
		Miami Lakes, FL 33014					
			City/State and Zip Code				
		camiloaldama@gmail.com	to be used for future annual report not	tication)			
For furth	er information o	oncerning this matter, please of		,			
Camilo .	Aldama		305 370-4540				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed	l is a check for the	ne 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: Division of C	Section	Street Address: Registration Se				
	DIAISIOU OF C	orporations	Division of Co	rporations			

The Centre of Tallahassee

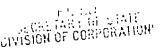
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 23 AM 10: 05

GATEWAY HIALEAH, 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 $\frac{03/21/22}{}$	and assigned
Florida document number <u>L22000138854</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "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)		
	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ities, and I am familiar with and or 605, F.S. Or, if this document is
If Chai	nging Registered Agent, <u>Si</u> g	nature 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
MGR	Chesapeake Management Co. LLC	16400 NW 59th AVE, Miami Lakes, FL 33014	= Add
			□Remove
			[]Change
MGR	ARCH IV. LLC	16400 NW 59th AVE, Miami Lakes, FL 33014	□Add
			Remove
			🗆 Change
			🗆 Add
			□Remove
			Change
			🗀 Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

-		
-		
		
		
E. Effective d	late, if other than the date of filing:	
(If an effective	e 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 605.0	207
document's	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed seffective date on the Department of State's records.	1 as
If the record spe	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
record is filed.		
May	2022	
Dated May	\mathcal{A}/\mathcal{A}	
Dated		
Dated	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00