L22000444927

(Re	equestor's Name)	
(Ác	ldress)	<u> </u>
(Ác	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/27/23--01021--021 **30.00





FAX COVER SHEET

To: Registration Section	From: STIEVEN FAMILY LLC
Fax: (689) 218-0977	Date: 06/21/2023
Phone: (407) 970-8143	Pages: 01
Re: AMENDMENT LLC	CC:

TO WHOM IT MAY CONCERN

Please process the following AMENDMENT: STIEVEN FAMILY LLC

I am writing to inform you of an important change to our limited liability company (LLC) registered in the state of Florida. We have decided to change the name of our LLC, and we kindly request your assistance in updating our records accordingly.

Thank you so much!

URGENT

ALL7 SERVICE LLC

diego@all7service.com

COVER LETTER

TO:

	gistration Se ision of Cor			
ernanzer.		FAMILY LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		EDMAR STIEVEN		
			Name of Person	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ress: ion Section of Corporations re of Tallahassee
			Firm/Company	
		7632 SOUTHLAND BLV	DSTE 105	
			Address	
		ORLANDO, FL 32809		
			City/State and Zip Code	
		anabeatriz2709@yahoo.com		
For further i	nformation c	e-man address: (to be used for future annual report no all:	nt neation)
DIEGO RA	MOS CORR.	EA	407 970-8143	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a	check for tl	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)	Certificate of Status & Certified Copy
	iling Addres gistration S		Street Address: Registration S	ection
Div	vision of C	orporations	Division of Co	orporations
), Box 632 Inhaseno F			
	lahassee, F			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STIEVEN FAMILY LLC		
Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) pility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L22000444927	ere filed on 10/17/2022	_ and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabilit	y company here:	
NGATE LLC		
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	Company," the designation "LLC" or the abbre	
Principal office address MUST BE A STREET ADDRESS)		X
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		AH II: 27
3. If amending the registered agent and/or registered office addgent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name (f the new register
New Registered Office Address:	Enter Florida street address	

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.

City

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 rentoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			DChange
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			□Remove
			□Change
			□Remove
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			□ Change

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ective date, if other than the effective date is listed, the date mu te: If the date inserted in this b cument's effective date on the E	odate of filing: other specific and cannot be prior to date of filing of lock does not meet the applicable statutory filepartment of State's records.	(optional) or more than 90 days after filing.) Pursuant to 60. Hing requirements, this date will not be list	5.020 ted a
cord specifies a delayed effectives filed.	re date, but not an effective time, at 12:01 a.i	m, on the earlier of: (b) The 90th day afte	er the
ed			
G-A	Signature of a member or authorized representat		