

L24 000144074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

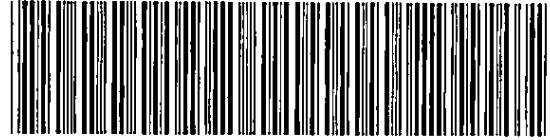
(Business Entity Name)

(Document Number)

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05/20/24--01001--003 \*\*25.00

17 MAY 2024  
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SECRETARY OF STATE  
MASSACHUSETTS

R. HUNT  
05/17/24

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GATOR US HIGHWAY 2 FL 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:

ESSAM KERAS

Name of Person

MK BOOKKEEPING SERVICES, LLC

Firm/Company

6741 LAND O LAKES BLVD

Address

LAND O LAKES, FL 34638

City/State and Zip Code

ESSAM@MKBKSERVICES.COM

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

For further information concerning this matter, please call:

ESSAM KERAS

813 368 - 2872  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GATOR US HIGHWAY 2 FL 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 03/25/2024 and assigned Florida document number L24000144074.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GATOR CLERMONT 2 FL LLC

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)**

16201 FL 50 UNIT 301

CLERMONT, FL 34711

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

33911 CASTAWAY LOOP

WESLEY CHAPEL, FL 33543

**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>
AMBR	PIYUSH R PATEL	33911 CASTAWAY LOOP	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BALVANT PATEL	33911 CASTAWAY LOOP	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Typed or printed name of signee