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(Rec	questor's Name)	
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COVER LETTER

	Registration Se Division of Cor		
SUBJEC [*]		TE REALTY LLC	
SOBJEC	· ·	Name of Lim	nited Liability Company
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please reti	um all correspo	ondence concerning this matter	to the following:
		ROSARIO GUTIERREZ	
			Name of Person
		TAX FAST SOLUTIONS	INC
			Firm/Company
		4491 NW 36TH ST SUITI	E B
			Address
		MIAMI SPRINGS, FL 33	166
			City/State and Zip Code
		TAXFASTSOLUTIONS@	
		E-mail address: (to be used for future annual report notification)
For furthe	r information c	oncerning this matter, please c	all:
ROSARIO	O GUTIERREZ	Z	786 380-3285
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed i	is a check for th	ne following amount:	
\$25.0	0 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)
_	<u>Mailing Addres</u> Registration S		Street Address:
	Division of C		Registration Section Division of Corporations
F	P.O. Box 632	7	The Centre of Tallahassee
7	Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD GATE REALTY LLC		
(Name of the Limited Liabil (A Fiorid	lty Company as It now appears on our records.) la Limited Liability Company)	···
The Articles of Organization for this Limited Liability (Company were filed on MAY 14,2024	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	
		-
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		.,
		-
. If amending the registered agent and/or registere	ed office address on our records, enter the n	ame of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
- - 	Enter Florida street address	
	, Florida	
	City	Zin Coda

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>	Address	Type of Action
AMBR	YULIER POLO	4491 NW 36TH ST STE B	≣ Add
		MIAMI SPRINGS, FL 33166	_
			□Change
AMBR	WILLIAN LEYVA POLO	4491 NW 36TH ST SUITE B	□ ∧ dd
		MIAMI SPRINGS, FL 33166	≅ Remove
٠			□Change
			
			□Remove
·			□Add
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Tective date, if other than the effective date is listed, the date in this listed in this ecument's effective date on the	iust be specific and can block does not meet	not be prior to dat the applicable :	c of filing or more that	(optional) n 90 days after filing.) F irements, this date w	dursuant to 605.0207 (ill not be listed as a
ecord specifies a delayed effectis filed.	tive date, but not an e	effective time, a	t 12:01 a.m. on the	earlier of: (b) The	90th day after the
JUNE 19		024			
ROSARIO GUTIERE		····································			
. 1107 0	C >				

Typed or printed name of signee