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(shown below) on the top and bottom of all pages of the document.



H240003400533ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS COMMACCOUNT Number : I2000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
			 _	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GATEWAY COMMUNITY SERVICES GROUP LLC

Certificate of Status	0
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To:

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATEWAY COMMUNITY SER	VICES GROUP LL	.C					
(Name of the Lim	ited Liability Comps (A Florida Limited	nny as it now appears of Liability Company)	1 our records.)				
The Articles of Organization for this Limited Florida document number L24000341020		were filed on 08/08/	2024 and assigned				
This amendment is submitted to amend the following	llowing:						
A. If amending name, enter the new name	of the limited liab	oility company here:					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if appli	er new principal offices address, if applicable:		12347 SW 132ND CT FL 2				
(Principal office address MUST BE A STRE		MIAMI, FL 33186					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12347 SW 132ND (MIAMI, FL 33186	CT FL 2				
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our reco	AS				
Name of New Registered Agent: CHANGE OF		ADDRESS	OF ST				
New Registered Office Address:	12347 SW 132	ND CT FL 2 Enter Florida	street address				
	MIAMI						
	74(141)***	Ciry	, Florida ³³¹⁸⁶ 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

From: Yanet Avila

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CHANGE OF ADDRESS	12347 SW 132ND CT FL 2	C Add
		MIAMI, FL 33186	□Remove
			≡ Change
			□Add
			□Remove
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			⊒Add
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			Change

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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	he specific and cannot be p rk does not meet the ap	orior to date of filing or plicable statutory fili	more than 90 days after fil	ing.) Pursuant to 605.0207
record specifies a delayed effective d is filed.	date, but not an effecti	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
OCTOBER 9	2024	·		
./atou				
Tuli Avaire (Cs.1.1, 20/4 17,0/ Fir)				