

M210000008343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

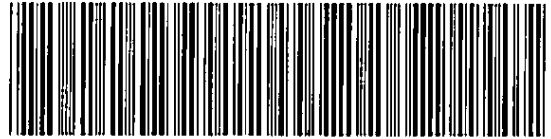
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



300418938733

11/17/21--01004--013 \*\*25.00

10:00:00

Handwritten signature



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(c), or a change in title or capacity of that person, for a foreign limited liability company authorized to transact business in Florida. The requirements are as follows:

- Pursuant to s. 605.0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "I.I.C."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website [www.sunbiz.org](http://www.sunbiz.org).

A preliminary search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org). Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- The fees are as follows:
  - \$25.00 Filing Fee
  - \$30.00 Certified Copy (optional)
  - \$ 5.00 Certificate of Status (optional)
- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

<u><b>Mailing Address:</b></u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u><b>Street Address:</b></u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GATEWAY MEADOW LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN R. PALACIO

\_\_\_\_\_  
Name of Person

PALACIO LAW, PLLC

\_\_\_\_\_  
Firm/Company

421 SPRING VALLEY LANE

\_\_\_\_\_  
Address

ALTAMONTE SPRINGS FLORIDA 32714

\_\_\_\_\_  
City/State and Zip Code

STEVEN@THEPALACIOFIRM.COM

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GATEWAY MEADOW LLC

Enter new principal office address, if applicable: 421 SPRING VALLEY LANE

(Principal office address

MUST BE A STREET ADDRESS)

ALTAMONTE SPRINGS FLORIDA 32714

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

421 SPRING VALLEY LANE

ALTAMONTE SPRINGS FLORIDA 32714

2. The Florida document number of this limited liability company is: M121000008343

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 06/30/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: STEVEN R. PALACIO

New Registered Office Address: 421 SPRING VALLEY LANE

*Enter Florida Street Address*

ALTAMONTE SPRINGS

Florida 32714

*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.*

\_\_\_\_\_ Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

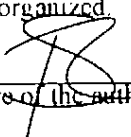
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN HAYES	PO BOX 4929	<input type="checkbox"/> Add
		CLEARWATER, FL 33758	<input checked="" type="checkbox"/> Remove
MGR	STEVEN R. PALACIO	421 SPRING VALLEY LANE	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
STEVEN R. PALACIO

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00