P20000058973

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GATEWAY 21 BA	NKERS CORP		
DOCUMENT NUME	BER: P20000058973			
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	ALVARO PATINO			
		Name of Contact Person		
	HISPANIC FINANANCIAL	TAX SERVICES INC		
		Firm/ Company		
7401 WILES RD SUITE 126				
	·	Address		
	CORAL SPRINGS, FL 3306	7		
		City/ State and Zip Code	:	
	APATINO@HISPANICTAX	INC.COM		
	E-mail address: (to be us	ed for future annual report	notification)	
	n concerning this matter, pleas		5002745	
ALVARO PATINO		at () 5093745 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State;	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Taliahassee, FL 32303

Articles of Amendment

Articles of Incorporation

(Name of Corporation as currently	Ole Bon Kers Confided with the Florida Dept. of State)	orp_
P2000	00058973	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>E</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
	22 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	_The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, or incorporatea or the appreviation professional corporation name must contain	the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		20
		707
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		- သ -
		_ <u>დ</u>
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		05
Name of New Registered Agent		-
(Florida stre	nat addrage)	-
·		
New Registered Office Address:	(City) , Florida (Zip C	Code)
	•	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
Cincil and China D	mintaged to the first of the section	-
Signature of New Ke	egistered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	CFO	NORMAN FRANK	7401 WILES RD SUITE 124
X Add			CORAL SPRINGS, FL 33067
Remove	C	MIKHAIL ALLEN	7401 WILES RD SUITE 24
2) Change		BIRGIAIC AGEES	
XAdd			CORAL SPRINGS, FL 33067
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ada	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)
<u>.</u>	
··	
•	
- 	
if an ame	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provision	ns for implementing the amendment if not contained in the amendment itself:
(if ne	ot applicable, indicate N/A)

•

The date of each amendment(s) adoption date this document was signed.	10/05/2020 on:	_, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	<u></u>
Note: If the date inserted in this block document's effective date on the Departm	loes not meet the applicable statutory filing requirements, this date will ent of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
selected, by a appointed fide	prosident or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other count uciary by that fiduciary) IA S. GEORGE CULLEN	_
	(Typed or printed name of person signing)	
PRES	IDENT	

(Title of person signing)