

L16000184032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

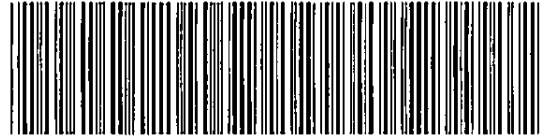
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900435712819

SEP 15 AM 8:19  
STATE  
TALLAHASSEE, FL

RECEIVED  
2024 SEP 16 PM 3:31  
STATE  
TALLAHASSEE, FL

S. HUNT

CS/16/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 09/16/24  
Order #: 1624265-1  
Re: GITANIA INVESTMENTS, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the 'TO WHOM IT MAY CONCERN:' line.

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GITANIA INVESTMENTS, 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:

Charles M. LeSchack

Name of Person

Cummings & Lockwood LLC

Firm/Company

Six Landmark Square, 8th Floor

Address

Stamford, CT 06901

City/State and Zip Code

cleschack@cl-law.com

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

For further information concerning this matter, please call:

Charles M. LeSchack

203 351-4418  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

GITANIA INVESTMENTS, 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 10/4/2016 and assigned  
Florida document number L16000184032.

This amendment is submitted to amend the following:

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

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:

13833 Wellington Trace, Suite E4 PMB 307

(Principal office address MUST BE A STREET ADDRESS)

Wellington, FL 33414

Enter new mailing address, if applicable:

13833 Wellington Trace, Suite E4 PMB 307

(Mailing address MAY BE A POST OFFICE BOX)

Wellington, FL 33414

**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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

Florida

32301

*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.*

*Shauna Godbolt*

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>
MGR	Thomas Girard	13833 Wellington Trace, Suite E4 PMB 307	<input checked="" type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Philip Richter	152 Bedford Road, 2nd Floor	<input type="checkbox"/> Add
		Katonah, NY 10536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA  
COUNTY OF DADE  
NOTARY PUBLIC  
COMMISSION EXPIRES 12/31/2011

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

6 AUG 8:20  
STATE  
MISSISSIPPI  
FL

2001-05-06 AM 8:20  
STATE  
FL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 11, 2024

Declassified by:  
Thomas Girard

Signature of a member or authorized representative of a member

Thomas Girard

Typed or printed name of signee