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(Business Entity Name)

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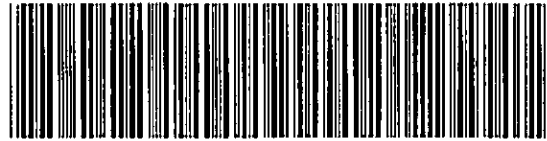
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FILED  
SECRETARY OF STATE  
DIVISION



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GAINCAST 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:

Richard Ehrlickman  
Name of Person

Gaincast LLC  
Firm/Company

799 Dover Street  
Address

Boca Raton, FL 33487  
City/State and Zip Code

Riche246@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Ehrlickman at (561) 302-3797  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

**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

GAINCAST LLC

**If Changing Registered Agent, Signature of New Registered Agent**


[illegible]

[illegible]

(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)

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 October 11, 2022

  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Richard Ehrlickman  
Typed or printed name of signer

Typed or printed name of signee