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FILED 2022 May - 6-PM-2:-50

JUN 3 0 2022 S. PRATHER

COVER LETTER

TO: Registration S Division of Co			
	ristribution LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Scott T Horvath		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Gamma Distribution LLC		
		Firm/Company	
	2234 E Village Circle		
	*	Address	
	Venice, FL 34293		
		City/State and Zip Code	
	scott@flairdistribution.com E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Scott T Horvath		407 721-9918	
Name	of Person	Area Code Daytim	e 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 Addre		Street Address:	etion
	Corporations	Registration Sec Division of Cor	
P.O. Box 63 Tallahassee,		The Centre of T	allahassee e Street, Suite 810
r ananassee,	TE 32314	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gamma Distribution LLC		AY -6
	ility Company as it now appears on our records.)	m o in
(A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	E PH D
The Articles of Organization for this Limited Liability Florida document number L21000153839	Company were filed on 2 April 2021	and assigned
This amendment is submitted to amend the following:		t
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		
		
		į.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		me of the new registered
		ı
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	_	
	, Florida	Zip Code
	CHY	гар Соас

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 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>	Address	Type of Action
AMBR	Jason M Malartsik	7209 55th Street E	■Add
		Ellenton, FL 34222	Remove
			□Change
AMBR	Matthew Grieser	343 Lynnview Lane	■Add
		New Castle, IN 47362	□Remove
			□Change
AMBR	Scott T Horvath	2234 E Village Circle	
		Venice, FL 34293	□Remove
			⊞ Change
			□Add ¦
			∏Remove
			□Change
		 	□Add
		 	Remove
			□Change
			□ Remove
			□Change

Train Talkala 27 504							
Tyler Tribble - 37.5%							
Jason Malartsik - 35%							_
Matt Grieser - 10%							
Scott T Horvath - 10%				···			
James Richmond - 2.5%							
Benjamin Grieser - 2.5%							
Kyla Tribble - 2.5%							
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ffective date, if other than the an effective date is listed, the date in listed. If the date inserted in this ocument's effective date on the	nust be specific a block does no	and cannot be pot meet the ap-	rior to date of fili plicable statuto	ing or more than	90 days after fil	ing.) Pursuant to	
record specifies a delayed effec is filed.	tive date, but r	not an effectiv	e time, at 12:0	l a.m. on the e	earlier of: (b)	The 90th day a	ifter the
03 May ated		2022	·				
						E_{c}	~
(-111						12.	₽
Sik	Signature of	a member or a	uthorized repres	entative of a me	mber	≥5	~ ~
Scott T. Horvath	Signature of	a member or a	uthorized repres	entative of a me	mber	AHASS	2022 MAY

Filing Fee: \$25.00