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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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08/24/21--01022--006 \*\*30.00





September 1, 2021

JAMES MENNUTI 6624 SURFSIDE BLVD APOLLO BEACH, FL 33572

SUBJECT: GOTHAM CITY HOLDINGS, LLC

Ref. Number: L21000196253

We have received your document for GOTHAM CITY HOLDINGS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The document is illegible and not acceptable for imaging.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00021075

Alecia Rivers Regulatory Specialist II

## **COVER LETTER**

ΓΟ: Registration Se Division of Cor			
SURJECT: 60	THAM CITY	HULDINGS, LLC	
7017/1.CT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter to the following:    JAMES MENNUT    Name of Person   CNJ GLOBAL     Firm/Company   G624 SURFSIDE BLUD.     Address     APOLLO BEACH, FL. 33572     City/State and Zip Code     CNSAZZAURTAX Q GMAIL GOM     E-mail address: (to be used for future annual report notification)   or further information concerning this matter, please call:			
	JAMES 1	MENNUTI	
	CNJ GLOBAL  Firm/Company  G624 SURFSIDE BLVD.  Address  APOLLO BEACH, FL. 33572  City/State and Zip Code  CASAZZAURTAX @ GMAIL. Com  E-mail address: (to be used for future annual report notification)  mer information concerning this matter, please call:		
	070	Firm/Company	
	6624 50	RKSIDE BLUD.	
		Address	
	APOLLO	BEACH, PL. 33	3572
APOLLO BEACH, PL, 33572  City/State and Zip Code  CASAZZAURTAX @ GMAIL.Com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:			
or further information co	oncerning this matter, please c	all:	
1		_	
VANCS /	MCNNUT1	at ( <u>732</u> ) <u>236</u> — Area Code Daytim	e Telephone Number
nclosed is a check for th	ne 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 S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Second Division of Core The Centre of T	porations allahassee
Tallahassee, I	L J4J14	Tallahassee, FL	e Street, Suite 810 . 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi		MY as it now appears on		
(Chine of the Ami)	(A Florida Limited I	ny as it now appears on liability Company)	our (veorus.)	
The Articles of Organization for this Limited I	liability Company	were filed on <u>04</u>	1/27/2021	and assigned
Florida document number $\angle 2/000196$	<u>253</u>	•	,	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
		1.15		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	<del></del>	<del></del>	
Principal office address MUST BE A STREE	ET ADDRESS)			
				···
inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)			
. If amending the registered agent and/or		nddress on our recor	ds, <u>enter the nan</u>	ne of the new registered
zent and/or the new registered office addre	<u>ss nere</u> :			
Name of New Registered Agent:	_CN:	1 GLOBA	L, LLC.	-
New Registered Office Address:	6624	SUNASID Enter Florida s	E BLVD	
		BEAUL		
<b>1</b>		City		Zip Code_

w Registered Agent's Signature, if changing Registered Agent:

rereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability inpany 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> Fitle</u>	<u>Name</u>	Address	Type of Action
AR	RICHARD PUNGELLO	6114 LAGOMAN LA.	□Add
		APOLLO BEACH, FL. 3357	Remove
			□ Change
AR	CNJ HOLOINGS, LIC.	6624 SUNFSIDE BLUD	□Add
		APOLLO BEAUT, PL 33572	<b>X</b> Remove
			□Change
AR	EXELUTIVE STREAMLINE HOLDINGS, LIC.	7606 DAAGON RIY LOOP	<b>,%</b> Add
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GIBSONTON, LL, 33534	□Remove
			□Change
			🗆 Add
			□Remove
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ective date, if other than the date of filing:	uant to 605.0207 not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th is filed.	ı day after the
ted <u>SEPT. 14</u> . 7071	
Signature of a member or authorized representative of a member	
JAMES MENNUTT	

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