

121 000196253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

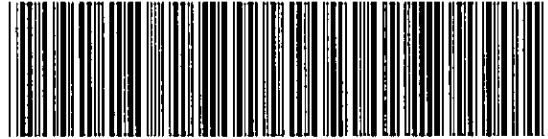
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OFFICE OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOTHAM CITY HOLDINGS, 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:

James Mennuti

Name of Person

Gotham City Holdings, LLC

Firm/Company

6624 Surfside Blvd

Address

Apollo Beach, Florida 33572

City/State and Zip Code

gothamcityholdings@yahoo.com

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

For further information concerning this matter, please call:

James Mennuti 732 236-7051
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GOTHAM CITY HOLDINGS, 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 04/27/2021 and assigned
Florida document number L21000196253.

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:

6624 SURFSIDE BLVD

(Principal office address MUST BE A STREET ADDRESS)

APOLLO BEACH, FLORIDA 33572

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JAMES MENNUTI

New Registered Office Address:

6624 SURFSIDE BLVD

Enter Florida street address

APOLLO BEACH

Florida

33572

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.

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> |
|--------------|--------------------------|-----------------------------|--|
| AR | EXECUTIVE STREAMLINE HOI | 7606 DRAGON FLY LOOP | <input type="checkbox"/> Add |
| | | GIBSONTON, FLORIDA 33534 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | JAMES MENNUTI | 6624 SURFSIDE BLVD | <input checked="" type="checkbox"/> Add |
| | | APOLLO BEACH, FLORIDA 33572 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | MOISES COHEN | 7606 DRAGON FLY LOOP | <input checked="" type="checkbox"/> Add |
| | | GIBSONTON, FLORIDA 33534 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[illegible]

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.

Dated NOVEMBER 5 2021


Signature of a member or authorized representative of a member

JAMES MENNUTI
Typed or printed name of signee

Filing Fee: \$25.00