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COVER LETTER

	ration Section n'of Corporations	ot •		•	
Gis	stside Investments, LLC				
	Name of	Limited Liability Company			
The enclosed Ar	ticles of Amendment and fee(s) are	submitted for filing.			
Please return all	correspondence concerning this ma	tter to the following:			
	Chris Gist				
-		Name of Person			
		Firm/Company			
	2040 Pine Ranch Drive	:			
		Address			
	Navarre, FL 32566			_	
	mdgist75@gmail.com	City/State and Zip Code			
	E-mail addre	ss: (to be used for future annual report notific	ation)	2021 Sign	
For further infor	mation concerning this matter, pleas	se call:		ALL ALL	
Chris Gist		850 240-0018 at ()		器 6	-
	Name of Person	Area Code Daytime	Telephone Number	H D.	i i
Enclosed is a cho	eck for the following amount:			23 FATE	
■ \$25.00 Filin	g Fee S30.00 Filing Fee & Certificate of Statu	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

Gistside Investments, LLC		
(Name of the Limiter	d Liability Company as It now appears on our reco A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Lia	ability Company were filed on 12/05/23	and assigned
Florida document number L23000538658	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
•		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company." the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
		024 mg
B. If amending the registered agent and/or re agent and/or the new registered office address	· ——	er the name of the new registere
agent and/or the new registered office address	s nere.	500 0
		SSS E
Name of New Registered Agent:		III O
New Registered Office Address:		FA 2
	Enter Florida street add	ress m
		Florida
	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>	Type of Action
MGR	Mandy Gist	2040 Pine Ranch Drive	□Add
		Navarre, FL 32566	■Remove
-			□Change
<u>-</u>			□Add
			□Remove
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