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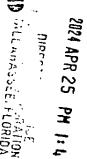
	(Requestor's Name)	
	(Address)	
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PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) opies Certificates of Status	
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	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		

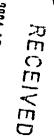
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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Gatsby Classic	S LUC			
50 000	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	· · · · · · · · · · · · · · · · · · ·	Sanac Pilehu	arian		
		Name of Person			
		Firm/Company			
		15900 Acom C.	, L		
		Towards Fl. 3	2 27 8	ij,	20
		Tavares, FL. 3: City/State and Zip Code catsbyClossics@Ye		ALL:	0024 APR 2
Far forther information of	E-mail address: (to be used for future annua	report notification)	—— 主義 第四	St.
_	concerning this matter, please co	aii.		[독립] [기술] 1887	PH 1:
Name o	Pilchvarian of Person	at (<u>32)</u> Area Code	Daytime Telepho	one Number	. t
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		\$60.00 Filing Fed Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Addres			Address: tration Section		
Division of C		•	on of Corporation	ons	
P.O. Box 632	27	The C	entre of Tallahas	ssee	
Tallahassee,	FL 32314	24151	N. Monroe Stree	t, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gatsby	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Comp	npany were filed on April 18, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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:	2
(Principal office address MUST BE A STREET ADDRES.	
	77 Th #7
Enter new mailing address, if applicable:	전기 - 변경 - 변기
.	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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>	Address	Type of Action
<u>AMBR</u>	Christopher S. Bryant	15900 Acorn Cir.	<i>j</i> X Add
		Tavares, FL. 32778	□ Remove
			□ Change
			□Add
			□Remove
			Change
			202 Add - 12
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			□Add
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				(11)	#
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effective date is listed, the date must be specific and e: If the date inserted in this block does not r					
ument's effective date on the Department of S			.B. 1 - 4		
cord specifies a delayed effective date, but not	an effective tim	ie, at 12:01 a.m.	on the earlier of	(b) The 9	Oth day after:
s filed.					•
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		A			
Signature of a	member or author	ized representativ	e of a member		
organitate of a		•			

Filing Fee: \$25.00