

L2000000219471

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : RIVEROS CORP.
Account Number : I20190000048
Phone : (305)507-8464
Fax Number : (786)516-2206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: omuriveros@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOLDEN FELINE LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 9/2/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN FELINE 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:

Juan C Rojas

Name of Person

GOLDEN FELINE LLC

Firm/Company

175 SW 7TH ST SUITE 1906

Address

MIAMI / FL 33130

City/State and Zip Code

GERMANROJAS01@YAHOO.COM

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

For further information concerning this matter, please call:

JUAN C ROJAS

Name of Person

at (754) 3021489

Area Code

Daytime 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 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

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STATE OF FLORIDA
TALLAHASSEE

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

GOLDEN FELINE 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 07/30/2020 and assigned Florida document number L20000219471

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

175 SW 7TH ST SUITE 1906

MIAMI FL

33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

175 SW 7TH ST SUITE 1906

MIAMI FL

33130

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:

JUAN C ROJAS

New Registered Office Address:

175 SW 7TH ST SUITE 1906

Enter Florida street address

MIAMI

City

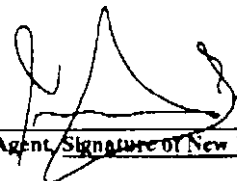
Florida 33130

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>
MGR	Cristina Galvis	1820 N CORPORATE LAKES BLVD STE	<input type="checkbox"/> Add
		Weston FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan C Rojas	175 SW 7TH ST SUITE 1906	<input checked="" type="checkbox"/> Add
		MIAMI FL	<input type="checkbox"/> Remove
		33130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/31 _____, 2021 _____



Signature of a member or authorized representative of a member

Juan C Rojas

Typed or printed name of signee