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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Madrigal Gold Coast Enterprises, UC 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:
Rachel Uneberg Name of Person
Madrigal 60ld Coast Enterprises, LCC Firm/Company
7313 International PI, Ste 100 Address
SRQ FL 34240 City/State and Zip Code
SRQ, FL 3+240 City/State and Zip Code info@beyonddanCringSaraSofa. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pachel Uneberg at 94 907-8183 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

<u>madnigal</u> Go	7/10	rises, UC
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number \(\begin{aligned} alig	company were med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	.imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." The new principal offices address, if applicable: Cipal office address MUST BE A STREET ADDRESS The new mailing address, if applicable:	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	**************************************	
		SEP SEP
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		records, enter the name of the new
		Mary
Name of New Registered Agent:		© 00
New Registered Office Address:		
	Enter Florida stree	t 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00