L090000 18456

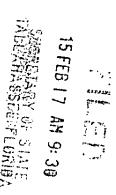
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COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>60/</u> 0	lenchild Pr Name of Limi	ted Liability Company	12
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Rona	Id Diffz II	
	Ronald	•	oductions
	1701 /88	Road, Apt	S534
	Winfer F rd2 Predu E-mail address: (1	City/State and Zip Code Litions (a) host may obe used for future annual report notifice	189 1, com
For further information co	oncerning this matter, please ca	all:	
Ronalds	DilteI	at (407) 963-	-1840
Name of	Person	Area Code Daytime	Felephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goldenchild Produ	etions
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900018456</u> .	were filed on $\frac{2/29/69}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Ronald Differ It Product The new name must be distinguishable and end with the words "Limited Liabile and end with the words "Liabile and end w	ions, LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1701 LBB Road Apt 5534 Water Park, FL 32789
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1701 LBB Road Hot S534 Winter Park, FL 32789
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Tip Code
New Registered Agent's Signature, if changing Registered Agent:	City Sip Gode

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			_ □ Remove
			Add
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			Remove
<u></u>			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove

date, if other than the date of filing:		•
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sign document is filled by the Florida Department of State) 7.70	ve date if	other than the date of filing:
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P	ive date, if extive date mule this document	other than the date of filing:(optional st be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after it is filed by the Florida Department of State)
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	ve date, if a cive date muthis document	other than the date of filing:

Page 3 of 3

Filing Fee: \$25.00

