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(Ac	ddress)	
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JUN 1 1 2012

EXAMINER



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06/08/12--01014--017 **25.00

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Poid 4 Gold 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:
Jonathan Dia Z Name of Person
Period 4 Gold LLC Firm/Company
747 NW 75th Street Address
City/State and Zip Code Paid 4901 @ Kahoo . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Dia Z at (407) 482-3628 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$\$\$\$ (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

- Jun 3. 16

PAID4GOL	D LLC	
	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on	05/18/2017 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here	2:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE E	<u> </u>	
		
B. If amending the registered agent and/o registered agent and/or the new registered off		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		771 - 11 - 4 - 4 - 4 - 4
	Enter Florida street address	
	Citv	, Florida 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 608, 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

114 If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our, records: MGR = Manager MGRM = Managing Member **Title** <u>Address</u> **Type of Action** D192 □ Add Remove ☐ Add Remove _ Add Remove ☐ Add ☐ Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Jonethan Dr Typed or printed name of signee

Dated_ 06/05/

Page 2 of 2

Filing Fee: \$25.00