

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H22000190039 3)))



H220001900393ABC-

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VIDAL FINANCIAL, INC.
Account Number : I20190000097
Phone : (305)631-0331
Fax Number : (305)854-3131

GOLDFIN LLC

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

Email Address: NICOLAS@VIDAL.LTD

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOLDFIN LLC

Certificate of Status	1
Certified Copy	1
Page Count	01 02
Estimated Charge	\$60.00

*6 pages incl.
cover.*

MAY 31 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDFIN LLC

#220001900393
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:

Name of Person
VIDAL FINANCIAL
Firm/Company
2000 SOUTH DIXIE HIGHWAY #205
Address
MIAMI, FLORIDA 33133
City/State and Zip Code
NICOLAS@VIDAL.LTD
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS VIDAL 305 631-0331
at ()
Name of Person 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

2022 MAY 31 PM 1:51

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GOLDFIN LLC

#220001900393

(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 11/26/2019 and assigned Florida document number L12000089111.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

#220001900393

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CASTILLO, LUIS MIGUEL	2100 CORAL WAY - #502	<input type="checkbox"/> Add
		MIAMI, FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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#220001900393

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

REMOVAL OF MANAGER - LUIS MIGUEL CASTILLO

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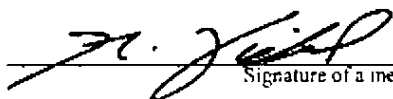
E. Effective date, if other than the date of filing: _____ (optional)

(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 MAY 31, 2022



Signature of a member or authorized representative of a member

NICOLAS VIDAL, POA

Typed or printed name of signer