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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

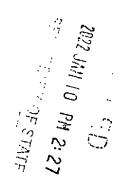
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December 16, 2021

JOHN SIMON 6172 BANGALOW DRIVE LAKE WORTH, FL 33463

SUBJECT: GOLDEN COAST REAL ESTATE, LLC

Ref. Number: L12000126541

We have received your document for GOLDEN COAST REAL ESTATE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000173465 GOLDEN COAST INVESTMENTS LLC.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 921A00030378

www.sunbiz.org

Division of Control of the Division of the Div

COVER LETTER

TO: Registration So Division of Co						
	• Golden Coas	it Real Estate LLC	•			
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		John SIMON				
	Name of Person					
	***************************************	Firm/Company				
	6172 bangalow drive					
		Address				
		Lake Worth, FL, 33463				
City/State and Zip Code						
	Sjohn54@msn.com E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, please ca	ill:				
John SIMON		561 674-4996				
Name (of Person		e Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	▼ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Cupy (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

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Coast Rea	al Estate LLC			
(Name of the Limited Liability Compar (A Florida Limited L	y as if now appear	s on our records.)		
The Articles of Organization for this Limited Liability Company		October, 03, 201	and	l assigned
lorida document number L12000126541				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company he	re:		
Golden Coast Investment LLC Golden Capital The new name must be distinguishable and contain the words "Limited Liability".	TNVEST L	IENTS, L	the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:	CLT2 Demonstrue De Lul encorts EL 22462			
Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	6172 Bangalow	Dr. Lake worth, F	FL 33463	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our re	ecords, enter the	name of the	new registe
Name of New Registered Agent:			10 F	
New Registered Office Address:	Enter Flori	ida street address	# STAI	
	sance I III	, Floric	fil -	
	City	, 1 101 R	Zip C	ode -

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 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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) 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. November 28th 2021 Dated _____ Signature of a member or authorized representative of a member John SIMON Typed or printed name of signee

DIL D. DEEDO