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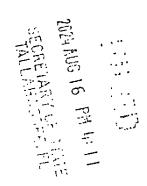
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Golden Eyes	e Technology LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The englaced Articles of	Amendment and fee(s) are sub	omitted for filing		
	indence concerning this matter			
Please return all correspo	indence concerning this matter	to the following.		
	Don Hager			
		Name of Person	. <u>.                                   </u>	
	Golden Eye Technology I.	J.C		
		Firm/Company	. <del></del>	
	27127 Coral Springs Drive	e		SERVED SERVED STATE
	<del> </del>	Address		
	Wesley Chapel,Fl 33544			設定星
		City/State and Zip Code		100
	don@goldeneyetechnology	com to be used for future annual report noti	fication)	
			rication)	·
For further information c	oncerning this matter, please c			
Don Hager		813 802-8665 at ()		<del></del>
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden eur tech	mology LLC	
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on	3 - 2013 and assigned
Florida document number 4, 130000594	122	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
		S 5
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	n "LLC" or the abbreviation: "]L.C." المنظمة a "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	·	<del></del>
New Registered Office Address:	. <u></u>	
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Alice Hager	27127 Coral Springs Dr.,Wesley Chapel fl 33544	<b>≘</b> Add
			□Remove
			□Change
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			Remove
			Ada ·
			□ Remove
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			☐ Change

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No. 4						
No. 4		ted <u>8-14-</u>	2024			
Signature of a member or Authorized representative of a member	Signature of a member of Authorized representative of a member	•	$\Omega$	/		
Significant of a member of the second of the	Signature of a minimum of a min		Signature of a member	or authorized representati	ve of a member	
Typed of printed name of signce	•		organistic of a member	7		