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COVER LETTER

TO; Regi Divis	stration Section	٠;		. p' #	**************************************	,
SUBJECT:	* Goldman	Name of Lin	Morcan, LLC nited Liability Company			
The enclosed	Articles of Amendment and	fee(s) are sut	omitted for filing.			
Please return	all correspondence concernir	g this matter	to the following:			
	Chil	F G	PART Name of Person			
		tman	and Morgan	r, LL	<u>C</u>	
	53	40 (Pertral Auc Address			
				7		
	Clif	facoh	City/State and Zip Code At 1 @ MS N. (to be used for future annual r	COM eport notificati	on)	
For further in	formation concerning this ma					
<u>Clif</u>	Name of Person		at (727) Area Code	120-0 Daytime Tel	ephone Number	_
Enclosed is a	check for the following amo	ınt:				
\$25.00 Fi	ling Fee	ng Fee & e of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		□ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &

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

Goldman and p	Toran LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our re	cords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 1 10 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Goldman Mogan LLC The new name must be distinguishable and end with the words "Limited L		
The new name must be distinguishable and end with the words "Limited L	iability 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)		ALL SEC
		ARE AN
		NS S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		S -
to a series with BENT 1 CST OT THE BOTO		
	.	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 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:

MGR = Manager

AMBK = A	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			□ Add
			□ Remove
			
			SEURETA SEURAHAS
			DADAN I COMPONENT OF STATE OF
			DATE O Add
			□ Remove
			□ Remove
			
			□ Add
			Remove

		Iformation, enter change(s) here: (Attach additional she		
(The effec	tive date must be speci	an the date of filing: fic, cannot be prior to date of receipt or filed date and cannot be more the story the Florida Department of State)	(optional) han 90 days after	
		Signature of a member or authorized representative of a mem	Monber	
			SECRETARY OF STATALLAHASSEE, FLOR	a ų

Page 3 of 3

Filing Fee: \$25.00