

L15000100273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

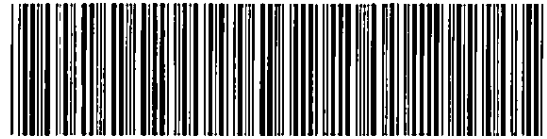
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 DEC 11 11:42  
RECEIVED  
STATE OF TEXAS  
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golden Vista Management, 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:

Meng Chin Lee
Name of Person
Golden Vista Management, LLC
Firm/Company
9025 Venezia Plantation Dr
Address
Orlando, FL 32829
City/State and Zip Code
margoleelove@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meng Chin Lee at (407) 308 4176
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

2007 DEC -7 11:11:42

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Golden Vista Management, LLC

(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 June 09, 2015 and assigned Florida document number L15000100273.

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

| <u>Title</u> | <u>Name</u>       | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|-------------------|-----------------------------|--|
| MGR          | Trustee, The      | 9025 Venezia Plantation Dr. | <input type="checkbox"/> Add               |
|              | Meng Chin Lee     | Orlando, FL 32829           | <input type="checkbox"/> Remove            |
|              | Revocable Trust   |                             | <input checked="" type="checkbox"/> Change |
|              | dated May 9, 2023 |                             |  |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input checked="" type="checkbox"/> Change |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |

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

Multiple horizontal lines for amending information.

2023  
DEC 7 AM 11:42  
STATE  
CAPITOL


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 December 1<sup>st</sup> 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Meng Chin Lee  
\_\_\_\_\_  
Typed or printed name of signee