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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	ition Secti of Corpo		,	
SUBJECT:	iolden Acı	res South LLC		
30bJEC1:	<u> </u>	Name of Lin	ited Liability Company	<del></del>
The enclosed Arti	cles of An	nendment and fee(s) are sub	mitted for filing.	
		ence concerning this matter	<del>-</del>	
		John Ti	nompson	
			Name of Person	
		Golde	n Acres South LLC	
	Firm/Company			<del></del>
		11501 N	W 160th Ave	
	Address			
		Morriston	Florida 32668	
			City/State and Zip Code	<del></del>
	-		nstation@hotmail.com	
			to be used for future annual report n	otification)
For further inform	ation cond	erning this matter, please ca	all:	
John Thompson			352 812-6223	
1	Name of Pe	erson		ime Telephone Number
Enclosed is a chec	k for the f	ollowing amount:		
□ \$25.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing /</u> Registra	Address: ition Sec	tion	Street Address:	· oction
_		porations	Registration S Division of Co	
P.O. Bo			The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Acres South LLC			<b>100</b>
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appear d Liability Company)	s on our records.)	量可
The Articles of Organization for this Limited Liability Compar	ny were filed on	06/18/2015	and assigned
Florida document number L15000106788			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company he	ere:	
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the d	esignation "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 agent and/or the new registered office address here:	address on our re	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	<del>-</del>		
New Registered Office Address:			
	Enter Flori	da street address	
<del></del>		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>	<u>Address</u>	Type of Action
AMBR	Denise Thompson	11501 NW 160th Ave	
		Morriston FL 32668	□Remove
			□Change
			□Add
		<del>-</del>	□Remove
		<del></del>	□ Change
<del></del>			Add
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the factories.	st be specific and cannot be prior ock does not meet the application.	to date of filing or more than 90 days a able statutory filing requirements,	fler filing \ Pursuant to 605 0207
record specifies a delayed effectiv Lis filed.	e date, but not an effective tii	me, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
September 15th	2020		
John I	The same	_ ·	
guv V	Signature of a member or autho	orized representative of a member	
	John Thompson	Managing Member	
	Typed or printe		

Filing Fee: \$25.00