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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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SECRETARY OF STATE

IALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Se Division of Co		,								
SLIB IL.	GOLDEN	GOLDEN ALLIGATOR LLC									
SOBJE	(, i	Name of Lin	nited Liability Company								
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.								
Please re	eturn all correspo	ondence concerning this matter	to the following:								
		PATRICK RUSTER, ESC)								
			Name of Person								
Fine enclose Please return For further		RUSTER LAW GROUP, PLLC									
			Firm/Company								
		3908 26TH ST W									
			Address								
		BRADENTON, FL 34205									
			City/State and Zip Code								
		PATRICK@RUSTERLAW.COM									
12 6 4			to be used for future annual report noti	fication)							
For furth	ier information c	oncerning this matter, please c	all:								
PATRI	CK RUSTER, ES	SQ.	941 758-8888								
	Name o	f Person		e Telephone Number							
Enclosed	d is a check for th	ne 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	iny as it now appears on (Liability Company)	our rec <u>ords.</u>)		
The Articles of Organization for this Limited I Florida document number	iability Company	were filed on 06/22/20)16	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designa	tion "LLC" or th	e abbreviation "L. [. C."	
Enter new principal offices address, if appli	3908 26TH ST W		18 SEC		
(Principal office address MUST BE A STRE	ET ADDRESS)	BRADENTON, FL 3	4205	RB 137	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	1532 US 41 BYP S #	197	20 PH 4: 05		
	Venice, FL 34293-10	32			
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on our <u>e</u> :	records, en	er the name of the	
Name of New Registered Agent:	GULF COAST	AGENTS, LLC			
New Registered Office Address:	3908 26TH ST				
	DD ANEXERAN	Enter Florida str		2 1205	
	BRADENTON		, Florida 34205 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEFAN SCHWENGLER	2180 CAMBRIDGE DRIVE	□ Add
		VENICE, FL 34293	■ Remove
			Change
MGR	GULF COAST AGENTS, LLC	3908 26TH ST W	= Add
		BRADENTON, FL 34205	☐ Remove
			Change
			SECRETARY OF STATE OF
			PH OF 3 OS Remove
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Typed or printed name of signee

Filing Fee: \$25.00