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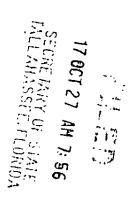
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(5)
(Document Number)
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COVER LETTER

	ration Sect on of Corpo			
	HD ASSET			
SUBJECT:			ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return al	l correspond	dence concerning this matter	to the following:	
		AMANDA VANZELA ES	TEVES	
			Name of Person	
		GOLDEN HILLS SERVIC	ES INC	
		•	Firm/Company	
		6925 LAKE ELLENOR D	RIVE SUITE 117	
			Address	
		ORLANDO, FL, 32809		
			City/State and Zip Code	
		AMANDA@BIZNEZSOLU		
			to be used for future annual report notif	ication)
For further info	rmation con	cerning this matter, please ca	all:	
AMANDA VANZELA ESTEVES			407 544-3244 at ()	
	Name of F	Person	Area Code Daytime	2 Telephone Number
Enclosed is a ch	neck for the	following amount:		
■ \$25.00 Filin	ng 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

ny as it now appears on our records.) iability Company)	
were filed on <u>07/25/2016</u>	and assigned
ility company here:	
lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
	<u> </u>
	
	enter the name of the
<u>-</u> •	7 0
	07 2 DASS
	TO P
Enter Florida street address	
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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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	DESIREE PAZ	6925 LAKE ELLENOR DR	□ Add
			■ Remove
			Change
MGR	DIEGO ESTEVES	6925 LAKE ELLENOR DR	Add
			Remove
			Change
MGR	ROSIMERI ESTEVES	6925 LAKE ELLENOR DR	Add
		SUITE 117	Remove
			Change
MGR	HUMBERTO ESTEVES	6925 LAKE ELLENOR DR	Add
		SUITE 117	□ Remove
			Change
			Add
			Remove
			☐ Change
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			□ Remove

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an effective date is listed, to the control of the control of the date inserted in the control of the control o	the date must be spe	cific and o	cannot be p			or more than	90 days aft	er filing.) Pur		
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October 23	_ /)		2017							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00