N	ote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
	(((H20000127159 3)))
N	ote: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591
	<pre>*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>
 	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IBCORP FINANCIAL MARKETS RESEARCH LLC
	Certificate of Status 0 Certified Copy 0
2020 AFK 30 FFI 3- UZ	Page Count03Estimated Charge\$25.00

page 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IBCORP Financial Markets Research LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Lizbility Company)

The Articles of Organization for this Limited Liability Company were filed on _____08/17/2016______ and assigned

Florida document number L16000153839

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Golden Gemenen Eineneint Market Deseenh IIC
Golden Gompass Financial Market Research, LLC
The new name must be distinguishable and contain the woods "Limited Lightlity Company" the designation "LLC" or the abbreviation "LLC"
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal off	ce address	MUST BE	E A STRI	EET ADDRESS)	

		AL	020
Enter new mailing address, if applicable:			<u> </u>
(Malling address MAY BE A POST OFFICE BOX)		7:17) J - 7 - L	PR
			မ က
		-1 	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	o <mark>ffice address on</mark> our record <mark>s, <u>enter the nar</u></mark>		registered
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

Page 1 of 3

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

Title	Name	Address	Type of Action
·			□ Add
			Change
			C`Add
			DRemove
			Change
·			
			CRemove
			Change
			DAdd
			Петоче
			Change
			🗆 Add
			🗆 Remove
			🗆 Change
			, 🗆 Add
			DRemove
			DChange

page 4

Page 2 of 3

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

_		
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_		
E. Effectiv	e date, if other than the date of filing: (optional)	
(if an effe <u>Note:</u> [the 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the att's effective date on the Department of State's records.	り
If the reco (b) The S	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 10th day after the record is filed.	
Dated	MARCH OF , 2020-	
	12	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	
	Typed or printed name of signee	