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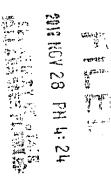
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M. MILLIGAN DEC 0 2 2016

COVER LETTER

	Registration Sec Division of Corp			
CUDICO	GOLDIAM			
SUBJEC	Т:		ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Mashrab Saidmuradov		
		*	Name of Person	
		GOLDIAM LLC		
			Firm/Company	
		100 BAYVIEW DR APT	1201	
			Address	
		SUNNY ISL BCH FL 33	160	
			City/State and Zip Code	
		mashrab.corp@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For further	er information co	oncerning this matter, please ca	all:	
Mashrab			305 399-4212 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
1 \$25.0	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 OT ARTICLES OF ORGANIZATION OF

ADTI	CLES OF ORGANIZATION	
ARII		
	OF	The state of the s
GOLDIAM LLC		Eo M
(Name of the Limite	d Liability Company as it now appears on our rec	cords.)
(,	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 10/20/2016	eords.) and assigned
Florida document number L16000194366		
riorida document number	·	₩ ³
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited lighility company here:	
A. If amending name, enter the new name of	the milited habinty company here.	
The new name must be distinguishable and contain the wo	ade "Limited Lightlity Company" the designation "	I.I.C." or the abbreviation "I. I. C."
The new name must be distinguishable and contain the wo	rds Elimited Liability Company, the designation	ELC of the abbreviation E.E.C.
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(OX)	
Truning data con 1777 DETTI OST OTTIOSE	<u></u>	
		
B. If amending the registered agent and/o	r registered office address on our reco	ords, enter the name of the new
registered agent and/or the new registered off		·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re	ř	Esp Cour
New Registered Agent's Signature, it changing Re	zasteren 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 amen'ding 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>	Address	Type of Action
AMBR	Shepelev Igor Nikolaevich		
			☐ Remove
		Sh Burkhanov st, apt 3B, Tashkent,	■ Change
		Uzbekistan 	Add
		· ····································	Remove
		****	Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			☐ Change

Mr. Mashrab Saidmuradov- percentage	e of ownership 50%	
Mr. Igor Shepelev-percentage of owne	ership 50 %	
tive date, if other than the date of 1	filing: c and cannot be prior to date of filing or more that	(optional)
If the date inserted in this block does i	ic and cannot be prior to date of filing or more that not meet the applicable statutory filing required for the state of State's records.	arements, this date will not be his
ecord specifies a delayed effective e 90th day after the record is file	ve date, but not an effective time, led.	at 12:01 a.m. on the earl
November 21		178 . S.
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Signature	of a member of authorized representative of a n	20

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Filing Fee: \$25.00