11700016775

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COVER LETTER

Division of Co			
Gold Soul	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Ian Saliba		
	 	Name of Person	··
	c/o Gold Soul, LLC		
		Firm/Company	
	1500 Gateway Blvd, Suite	220	
		Address	
	Boynton Beach, FL 33426		
		City/State and Zip Code	
	ianjproductions@gmail.com		N
Eas familiae in Commandian		to be used for tuture annual report noti	fication)
	concerning this matter, please ca		
Ian J. Saliba		786 291-6339 at ()	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy fadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations Box 6327 cassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 1111	FILED
	FIL PM 3:02 RY OF STATE SEF. FLORIDE.

Gold Soul, LLC

(Name of the Limited Liability Company as it now appears on our records.)

\ <u></u>	(A Florida Limited Liability Compan	ORIGINAL STEELS ORIGINAL STEELS ORIGINAL STEELS ORIGINAL STEELS ORIGINAL STEELS OR STE
The Articles of Organization for this Limited 1 Florida document number 1,170,00016775	Liability Company were filed on	01/23/2017 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	lan J. Saliba	
New Registered Office Address:	1500 Gateway Blvd, Suite 220	
	Enter (Florida street address
	Boynton Beach	, Florida 33426
	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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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ctive date, if other than the	e date of filing:		(optional)	
effective date is listed, the date must. If the date insorted in this burnent's effective date on the E	lock does not meet the applica	o date of filing or more that ble statutory filing requi	n 90 days after filing.) Pur rements, this date will	rsuant to 605.0207 (3)(b) I not be listed as the
ecord specifies a delayene 90th day after the rec	d effective date, but not cord is filed.	an effective time,	at 12:01 a.m. on	the earlier of:
August 7	2017			
	Salia	- '		
	Signature of a member or autho	rized representative of a mo	ember)	
Ian J. Saliba			_	

Page 3 of 3

Filing Fee: \$25.00