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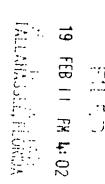
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FEB 1 6 2019 S. YOUNG



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Old Dus- Name of Limi	Holdung S ited Liability Company	_LhC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	1	Name of Person	
	Gold 1)	UST Firm Company	8_2LC
	77.90 U). Hunter hell	St
	Dunnel	City/State and Zip Code	34433
	Kellle Gyll E-mail address: (1	to be used for future annual report notif	27
For further information e	oncerning this matter, please ca	ill:	
Helle Name o	Reese	at (352) <u>58</u> 4 - Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Tallahassec, 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**

Gold Dust	Holdings LLC
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1700016672</u>	ny were filed on $8 - 4 - 17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7790 W Hunterhill St Dunne 110m, FC 34433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7790 W. Hunterhill St Dunnellem FC 34433
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	office address on our records, enter the name of the new iere:
	ellie Reese
New Registered Office Address: 7790	W. Hunter hell St Enter Florida street address
	7 Ne Uon Florida 34.433 Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>

3

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alex Reese	7790 W. Hunterfull St Dunnerion Fl 34433	()X LAdd
		Dannellon II 39433	□ Remove
			Change
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<u>te:</u> If the date inser	er than the date of f d, the date must be specifi- ted in this block does t late on the Department	iot meet the applic	able statutory filing re	(optional) than 90 days after filing. quirements, this date) Pursuant to 605,020 will not be listed a.
	a delayed effectiver the record is fil		t an effective tim	e, at 12:01 a.m.	on the earlier o
ed Feb		2019	•		
	-	()	000		
<i>(</i>)	Signature	of a member or autho	orized representative of a	ı member	

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Filing Fee: \$25.00