L17000202594

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

2019 SEP -9 AM 10:20

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

2019 SEP -9 PM 2:57

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOLDEN CASTLE ARCADE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
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SEP 10 2019

M. SOLOMON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN CASTLE ARCADE, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARAMOVA, DIANA
Name of Person

GOLDEN CASTLE ARCADE, L.L.C.
Firm/Company

5850 W. ATLANTIC AVE
105
Address

DELRAY BEACH, FL 33484
City/State and Zip Code

goldencastlearcadellc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARAMOVA, DIANA at (305) 905-1209
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GOLDEN CASTLE ARCADE, L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 09/29/2017 and assigned Florida document number L17000202594

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2019 SEP -9 AM 10:26

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

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
AMBR	KADYROV, MAKSUD	5850 W Atlantic Ave STE 105 Delray Beach Fl 33484	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

2019 SEP -9 AM 10:20

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

2019 SEP -9 AM 10:20

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 09/09 2019

Signature of a member or authorized representative of a member

GARAMOVA, DIANA

Typed or printed name of signee

Filing Fee: $25.00