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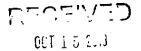
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0CT 2 5 2018 S. YOUNG

COVER LETTER

TO: Registration Division of C		•	
SUBJECT:	Golden Welly Name of Lin	er Chic LLC nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Z	Name of Person	
	- Grol	de Welher Clim	iC
	19695	Alataya Trail, Suit	FB6
	Orlan	City/State and Zip Code	PIECE TO THE PROPERTY OF THE P
	E-mail address: (Schritegmail.com to be used for thur annual report notif	fication)
For further information	concerning this matter, please co	ali:	7: 4.1
Name	of Person	at (407) 70f-	3 F C 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 Tallahassee, 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

Folder Welhen	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L1.C" or the abbreviation "L.1.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Orbado, FL, 32825
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of 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 agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am Amiliar Ath and porovided for in Chapter 605, F.S. Or A whis document is

If Changing Registered Agent, Signature of New Residered 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 <u>Address</u> **Type of Action** UP Xirming Run □ Change □ Add _□ Remove ☐ Change □ Remove □ Change Remove _□ Remove ☐ Change □ Add _□ Remove

点

_□ Change

11 411	ending any other information, enter change(s) here: (Attach additional sheets, if necessar	(y.)		
				
				
				
			—-	
		···-		
		<u> </u>		
i an ci <mark>Vote:</mark>	tve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.] If the date inserted in this block does not meet the applicable statutory filing requirements, this date cent's effective date on the Department of State's records.	CPC .	to 605.0 e listec	0207 (3)(I as the
e red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.		er	of:
		AHA	E1 ::	TI Est.
ated	Oct. 12 2018	SETT	ഗ	
ated	Oct 12 2018.	NY OF S	5	O
ated	O(+ 12 Lolf. Signature of a member or authorized representative of a member	RY OF STAT		O

Page 3 of 3

Filing Fee: \$25.00