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	. <u>.</u>	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	-
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT:	Golden Rule	Renovations LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	J	ames Kevin Smith			
		Name of Person	·		
	Gold	en Rule Renovations LI	LC		
	 	Firm/Company			
	517	Charles Rushing Road			
		Address		2811 Si	
	Ponce	e de Leon, Florida 32	455	2010 AUG 30 SECKETARY TALLAHASS	
		City/State and Zip Code		30 148	<u> </u>
		tractingllc777@gmai		, γ γ −<	M
For further information o	n-mail address: (concerning this matter, please ca	to be used for future annual report notif	icanon)	P# 3: 21 GF \$164E E FLORIDA	
		•11.		ADA E	
	Cevin Smith	at (850) 699-090			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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 Certificate of Certified Co (additional cop	of Status &	
	ING ADDRESS: ration Section	STREET/COURING Registration Section			

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Rule Renovations LLC

(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 C Florida document numberL18000088218	Company were filed on	April 06, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company b	ere:	
The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain	ited Liability Company," the o	designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		200
			A.
		-	30
Enter new mailing address, if applicable:			7 o M
(Mailing address MAY BE A POST OFFICE BOX)			5 4
		***************************************	NO.
B. If amending the registered agent and/or regist registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter th</u>	e name of the new
New Registered Office Address:		<u>. </u>	
	Enter Floi	rida street address	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•		z.p code
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co-accept the obligations of my position as registered agent in the proper and co-accept the obligations of my position as registered agent in the registered agent in the registered agent of the proper and co-accept the obligations of my position as registered agent of the proper and co-accept the obligations of my position as registered agent of the proper and co-accept the obligations of my position as registered agent of provisions of all statutes relative to the proper and co-accept the obligations of my position as registered agent of provisions of all statutes relative to the proper and co-accept the obligations of my position as registered agent of provisions of all statutes relative to the proper and co-accept the obligations of my position as registered agent of provisions of all statutes relative to the proper and co-accept the obligations of my position as registered agent of the proper and co-accept the obligations of my position as registered agent of the proper and co-accept the obligations of my position as registered agent of the proper and co-accept the obligations of my position as registered agent of the proper and co-accept the obligations of the proper and co-accept the obligations of the proper and co-accept the obligations of the proper accept the proper and co-accept the obligations of the proper accept the proper a	and agree to act in this omplete performance of gent as provided for in (my duties, and I am fan Chapter 605, F.S. Or, if	niliar with and this document is
	If Changing Registered Aş	gent, Signature of New Regist	tered 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>	Name	Address	Type of Action
		10 Squirrel Haven Road	
AMBR	Jerry A. Chisholm	DeFuniak Springs, Florida 32435	⊠′ Add
		Remove	
			Change
AMBR Lonnie Grimes	139 Independence Circle DeFuniak Springs, Florida 32433	⊠ Add	
			Remove
			Change
			🗆 Add
			Remove
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		- - - -	THE THE PROPERTY OF THE PROPER
			Change
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	TALL TO THE PARTY OF THE PARTY
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	To us
	To G
_	<u> </u>
If an effe <u>Note:</u> [ve date, if other than the date of filing:
ie reci The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	August 23, 2018
	Signature of a member or authorized representative of a member
	James Kevin Smith
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00