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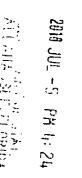
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COVER LETTER

Division of C					
SUBJECT:	GOLD	STANDARD	RELOCA	4T10N	LC
		Name of Limited Liability C	ompany	14 14	~
The enclosed Articles of	of Amendment and f	ec(s) are submitted for fili	ng.		
Please return all corres	pondence concerning	g this matter to the followi	ng:		
		margaret To	rayton Person	· · · · · · · · · · · · · · · · · · ·	_
		Gold Standa	ard Neloco		_
		5342 CLAR	IK ROAD	#1009	<u>. </u>
		arasota, Fl			
		maggiedrayto			-
For further information	eoncerning this mat	ter, please call:			
Margar	et Drayton	at (at (701 ₎ 486- a Code Davtime	2203 Telephone Numb	9
				. ,	
Enclosed is a check for	the following amou	nt:			
\$25.00 Fiting Fee	□ \$30.00 Filin Certificate	of Status Certifi	Filing Fee & ed Copy (al copy is enclosed)	Certifi Certifi	cate of Status & ed Copy

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

-	ARD RELOCATION LLC
(<u>Name of the Limited Liability</u>) (A Florida L	Company as it now appears on our records.) annued Enability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on April 12, 2018 and assigned
Florida document number <u>L180000 92268</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE.	<u> </u>
	ا الله الله الله الله الله الله الله ال
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	: 2L
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the ss here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address Florida

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	Stephanie FARIA	14 Central Place	🗆 Add
		14 Central Place Palm Coast, FL	Remove
		32137	☐ Change
			
			□ Remove
			Change
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		21. 12.	24	
ffective date, if other than the date of filing: 7.1.20 an effective date is listed, the date must be specific and cannot be prior to date of filing o ote: If the date inserted in this block does not meet the applicable statutory find the date on the Department of State's records.	i more titali zo dajo anter	filing.) Pu		
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a	.m. on	the ear	rlier o
ated 7 · 1 · 2018				

Page 3 of 3

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