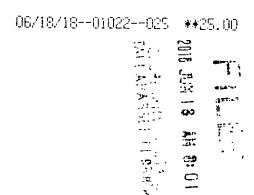
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Gold &			
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Trenton Hays		
		Name of Person	
	Gold & Motion LLC		
		Firm/Company	<del></del>
	914 Christen ct		
	·	Address	
	Fort Walton Beach FL	32547	
		City/State and Zip Code	
	trenthaysmusic@gmail.	com to be used for future annual report notifi	(cation)
For further information	concerning this matter, please ca		icalion,
Trenton Hays		at (912 ) 506-4620 Area Code Daytime	
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 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**

Gold & Motion LLC					
( <u>Name of the Limited Liability</u> (A Florida	ty Company Limited Lia	as it now appears on our records.) bility Company)			
The Articles of Organization for this Limited Liability Co	ompany w	ere filed on May 21st 2018	an	d assig	ned
Florida document number L18000126874	<u></u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability	y Company," the designation "LLC" or the al	bbreviatio	1	<del></del>
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		914 Christen ct	·- ·	<u> </u>	ŧ.
				i ik	G2114
		Fort Walton Beach FL 32547		Φ;	<u> </u>
			7.73	787 1781	1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		914 Christen ct	ಷ್ಯಾ ಪ್ರ	Ga	14014
			.# <b>k</b> 1	0	
		Fort Walton Beach FL 32547			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr  Name of New Registered Agent:  Regi	ress here:	ce address on our records, <u>enter</u> Agents Inc.	the na	ame of	the nev
risine of riew regional and right.					<del></del>
New Registered Office Address: 3030	J N. HO	cky Point Dr. STE 150A  Enter Florida street address			
Tam	npa	, Florida <u>3</u>	3607		
	•	City	Zip (	Code	
New Registered Agent's Signature if changing Registered	d 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

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
AMBR	Trenton Hays	914 Christen ct Fort Walton Beach Fl, 3	2547 🗹 Add
			□ Remove
			Change
AMBR	Lawrence Brumit	228 Midway Circle Brunswick GA 3	523 Add
			□ Remove
			Change
AMBR	Jacob Miles	914 Christen ct Fort Walton Beach Fl, 3	2547 🗹 Add
			Remove
	_		Change
			Add
			D Remove
			DAdd C
			☐ Remove
			Change
			Remove
			□ Change

If amending any other infor	mation, enter change(s)	here: (Attach additional	l sheets, if necessar	y.)	
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in this document's effective date on the record specifies a dela The 90th day after the	must be specific and cannot be s block does not meet the ap e Department of State's reco yed effective date, but	prior to date of filing or more oplicable statutory filing reords.	quirements, this date	p.) Pursuant to 605.0 will not be listed	d as th
D 1					
Dated		TŁ.		2018 JE	e pare
	Signature of a member or	authorized representative of a	ı member	) i i i i i i i i i i i i i i i i i i i	time pies.
		nton Hays		10 0 <b>00</b>	<u>¥</u> µ−,
	Typed or	printed name of signee		T, Jac	1 P
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	P	Page 3 of 3		`` · · · · · · · · · · · · · · · · ·	

Filing Fee: \$25.00