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## **COVER LETTER**

TO:

Registration Section

Division	of Corporations			
eun ir e'r.	GOLDEN MEADOWS 2 LLC			
SUBJECT:	Name of Lin	nited-Eiability, Company,		
The enclosed Artic	cles of Amendment and fee(s) are sub	omitted for filing.		
Please return all co	orrespondence concerning this matter	to the following:		
		DELORES CO <b>K</b> E		
	<del></del>	Name of Person		
GOLDEN MEADOWS 2 LLC				
		Firm/Company		
	ı	311 NW 177TH TERRACE		
		Address		
		MIAMI'GARDENS, FI. 33169		
		City/State and Zip Code		
		RESCAMPBELL90@YAHOO.COM		
	E-mail address: (	to be used for future annual report notification)		
For further informa	ation concerning this matter, please of	all:		
	ELORES CAMPBELL - COKE	754 234-2991 at ()		
1	Name of Person	Area Code Daytime Telephone Number		
Enclosed is a chec	k for the following amount:			
<b>≡</b> -\$25:00-Filing:	Fee S30:00-Filing;Fee-&-Certificate of Status	☐ \$55:00:Eiling:Fee;&: Certified Copy (additional copy is enclosed)  ☐ \$60:00:Filing:Fee;. Certificate of Status & Certified Copy (additional copy is enclosed)		
Divisior P.O. Bo	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GOEDEN/MEADOWS 2:LLC	207f	<u>9 PII 4: 11</u>
(Name of the	Limited Liability Company as it now apper (A Florida Limited Liability Company	ars on our records.)	4. []
The Articles of Organization for this Limit	ted Liability Company were filed on _	05/24/2018	and assigned
lorida document numberL1800013062	2		
his-amendment-is-submitted-to-amend-the	e-following:		
. If amending name, enter the new na	me of the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain	the words "Limited Liability Company," the	e designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if a	pplicable:		
<u> Principal office address MUST BE A.S.T</u>	REET ADDRESS).		
nter new mailing address, if applicable	<u></u>		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFF	ICE BOX)		
3. If amending the registered agent and		records, enter the 1	name of the new regis
gent and/or the new registered office a	adress nere:		
Name of New Registered Agent:			
Name of New Registered Agent:			
New Registered Office Address:		D. (1)	
	Einer In	lorida sır <del>ee</del> t 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 arrending 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	<u>Address</u>	Type of Action.
<del></del>			
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			☐ Change
<del></del>			□Add
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	FLORAL	L SALE AND ARRANGEMENTS	
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	**		
effective e: If the	ate, if other than the date date is listed, the date must be date inserted in this block effective date on the Depart	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to k does not meet the applicable statutory filing requirements, this date will not be	605.020 listed a
cord spec s filed.	rifies a delayed effective da	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
	MAY 29	2020	
ed		·	