18000 278 491

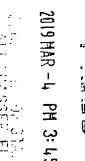
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C. GOLDEN MAR - 6 2019

COVER LETTER

Division of Corporations		•	
SUBJECT: CANADA	Name of Limit	ied Liability Company	
The enclosed Articles of Amendment	and fee(s) are sub	mitted for filing.	
Please return all correspondence conc	erning this matter	to the following:	
	MHOZ (Golds#+6iN Name of Person	
		Firm/Company	
417	21 Claci	ice Estates De	
Win	deemses	City/State and Zip Code Cold Group. Los to be used for future annual report not	- 2
MA	E-mail address: (t	Gold Group. Los to be used for future annual report not	ification)
For further information concerning th	is matter, please ca	ıll:	
MAOZ Golds#H6iN Name of Person		at (<u>310</u>) <u>948</u> Area Code Daytin	- 77-6 ne Telephone Number
Enclosed is a check for the following	amount:		
	Filing Fee & ficate 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)

Registration Section

TO:

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



February 21, 2019

MAOZ GOLDSHTEIN 4121 CLAICE ESTATES DRIVE WINDERMERE, FL 34786

SUBJECT: CANADA USA LIQUIDATION, LLC

Ref. Number: L18000278491

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please specify which article number and/or article title you are amending, adding, or deleting.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 619A00003744

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CANADA USA Libridation, LLC
CONTRACTOR FORENCES LOSSON
(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 Company were filed on 17/03/2018 and assigned 3
Florida document number L 18000778491
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Gold INUESTMENTS FLORIDA, LLC
Gold INU6S+men+5 Fweids, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
version agent and of the new registered office address nere.
Name of New Registered Agent:
Now Projectored Office Address.
New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If antending 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
			
			□ Remove
			Change
			
			Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change

	····
	·
(If an e Note:	tive date, if other than the date of filing:
	cord 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	FEBRUARY, 11 +H ZO19
	THE TOTAL STATE OF THE PARTY OF
	Signature of a member or authorized representative of a member
	MN03 Cold-HICIA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00