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COVER LETTER

TO: Registration Se Division of Cor			
	LOGA ELC	·	
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The englosed Articles of	Amandanan and Correlanna	and the filter	
	Amendment and fee(s) are sub	-	
Prease return all correspo	ondence concerning this matter	to the following:	
	WANDA HERNANDEZ	DIAZ	
		Name of Person	
	GOLDEN WALL LLC		
		Firm/Company	
	215 SPRING LEAP CIR		
		Address	
	WINTER GARDEN, FL.	34787	
		City/State and Zip Code	
	LICENCIADAWANDA@		, <u>, , , , , , , , , , , , , , , , , , </u>
For further information c	oncerning this matter, please c	to be used for future annual report not all:	ilication)
WANDA HERNANDEZ		787 616-3888	
	f Person	at ()	ne Telephone Number
	7 (0.55).	wea code Dayini	ie reiepitone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	l'allahassee de Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA TODOLOGA LLC	
(Name of the Limited Liability Company as it now appeared (A Florida Limited Liability Company)	oears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	03/04/2019 and assigned
Florida document number L19000060510	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>v here</u> :
GOLDEN WALL LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	
	12.13.1
Enter new mailing address, if applicable:	65t
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3. If amending the registered agent and/or registered office address on ou	ir records, enter the name of the new registor
gent and/or the new registered office address here:	<u> </u>
	·
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	Florida

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.

Cinv

Zıp Code

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
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
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ı effè	ve date, if othe clive date is listed,	the date must be	specific and c	annot be prior	to date of filing	or more than 90	(optional) days after filing.)	Pursuant to 605,02
te:	If the date inserte ent's effective da	ed in this block	does not me	et the applic	able statutory	filing requirer	nents, this date	will not be listed
	on s circuite di	ie om the tsepa	tinent of Sta	ne a records				
core	l specifies a delay	red effective da	ite, but not a	n effective ti	me at 12:01 a	m on the ear	ier of: (b) Th	e 90th day after th
s fil	ed.				\.	on the cur	rei or, (0) 110	2 70th day after th
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led .	JULY 28TH			2021	() .			
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Typed or printed name of signee