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Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	Lion Order Gold L	LC			
SOBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Patrick Glover				
	Lion Order Gold LLC	Name of Person	 -		
	<u> </u>	Firm/Company			
	219 NW 10th Ave				
	Delray, Beach, FL 33444	Address			
	info@lionordergold.com	City/State and Zip Code	-	19 JUL	MSEC TO
	E-mail address: (to be used for future annual report notif	ication)	17	
For further information c	concerning this matter, please c	all:		70	
Patrick Glover		561 774-1729		60 :21 WJ	CF STATE CF STATE
Name e	f Person	Area Code Daytime	Telephone Number	_ •	SNO E
Enclosed is a check for the	he 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 Fe Certificate of S Certified Copy (additional copy is	tatus &	
	ING ADDRESS: ration Section	STREET/COURING Registration Section			

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lion Order Gold LLC (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 05/28/2019 Florida document number L19000141120 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 18710 SW 107 Avenue, Suite 22 Enter new principal offices address, if applicable: Miami, Florida (Principal office address MUST BE A STREET ADDRESS) 33157 12401 Vista Lane Enter new mailing address, if applicable: Miami, Florida (Mailing address MAY BE A POST OFFICE BOX) 33156 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City

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 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>	<u>Address</u>	Type of Action
MGR	Richard Booker	18710 SW 107 Avenue, Suite 22	.
			B Add
		Miami, Florida	
			Remove
		33157	
			🗀 Change
			<u> </u>
			□ Remove
			
			Change
			☐ Remove
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			Remove
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(If an effect Note: If	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of if the date inserted in this block does not meet the applicable state ent's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3) story filing requirements, this date will not be listed as the
the reco) The 9	ord specifies a delayed effective date, but not an eff 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated	07:12/1.2019.	
	Signature of a member of authorized rep	elentative of a member
	Patrick Glover	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee