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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	: #)
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June 16, 2020

ADRIANA RODRIGUEZ 6761 N. KENDALL DR APT D104 MIAMI, FL 33156

SUBJECT: MARLIEANDMILA LLC Ref. Number: L19000180652

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Letter Number: 520A00011906

Querida R Moore Regulatory Specialist II

COVERLETTER

TO:

Registration Section

Division of Co	orporations		
	Mila LLC		
30BECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
•	Adriana Rodriguez		
		Name of Person	47
1	MarlicandMila LLC		
		Finn/Company	
	6761 N. Kendall Dr. Apt.	D104	
		Address	
	Miami, Florida 33156		
		City/State and Zip Code	
	marlieandmilallc@gmail.co		
		to be used for future annual report noti	dication)
For further information c	oncerning this matter, please c	rall:	
Adriana Rodriguez		305 905-3661	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee —	爾 \$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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Second Division of Corona The Centre of Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MarlieandMila LLC				<u> </u>
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now app Jubility Compan	ears on our records.) y)	
The Articles of Organization for this Limited Limited Limited Limited Limited Limited document number			July 15, 2019	and assigned
This amendment is submitted to amend the following	owing.			
A. If amending name, enter the new name o	f the limited liab	ility company	here:	
Gold Dust Resale LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi			e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	6761 N. Kei	idall D r. Ap t. D104	·
(Principal office address MUST BE A STREET ADDRESS)		Miami, Flor	ida 33156	<u></u>
(Principal office duaress MOST DE ASTREE	11/11/11/11/11/11			7270
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6761 N. Ke Miami, Flor	ndali Dr. Apt. D104 rida 33156	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on o		
Name of New Registered Agent:	Gold Dust Re	sale LLC	Adriana	Podrigue
New Registered Office Address:	6767 N. Kend	all Dr. Apt. D10		
		Enter	Florida street address	22156
	Miami		, Florid	a
		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 amending Authorized Person(s) authorized to manage, ence 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
			Петюve
			☐ Change
			□Remove
			□Remove
			□Change
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			□Change

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	Page 2 of 3	maka newa na ngamalakan sa
If amending any other information	enter change(s) here: (Attach addition	al sheets, if necessary.)
	circi change(s) here. (misses sussessing	, , , , , , , , , , , , , , , , , , ,
 		
Effective data if other than the dat	e of filing:	(optional)
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory 111111	(optional) ore than 90 days after filing.) Pursuant to 605,0207 (g requirements, this date will not be listed as t
the record specifies a delayed ef b) The 90th day after the record	fective date, but not an effective t is filed.	ime, at 12:01 a.m. on the earlier of:
May 19, 2020 Dated	3:41 PM	
<u></u>		
Sig	nature of a member or authorized representative	of a member
Adriana Rodriguez		
	Typed or printed name of signee	

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