L19000199073

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To Whom It May Concern

I am submitting the filing fee for Gold Square Realty, LLC. My name, address, and phone number is as follows;

Halderly

Dianne Goldenberg 610 N Lakeside Drive Lake Worth, Fl 33460 561-309-6790

Please contact me if you have any questions.

Best,

Dianne Goldenberg

COVER LETTER

TO:

	istration Sec sion of Corp				
SUBJECT:		ARE REALTY, LLC			
SUBJECT	_	Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		Dianne Goldenberg, Mana	ger		
			Name of Person		
		GOLD SQUARE REALT	Y, LLC		
			Firm/Company		
		610 N. Lakeside Drive			201 20 1
			Address		71S10
		Lake Worth, FL 33460			OIVISION OF CORPORATIONS ZOZ3 SEP 25 PM 3: O4
		, , , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	-	5 65
		Dianne. Goldenberg@ocpb			
		E-mail address: (to be used for future annual report not	ification)	PM 3: 04
For further in:	formation co	ncerning this matter, please c	all:		₽ .⊼
Dianne Golde	enberg		561 309-6790 at ()		
	Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cor (additional copy	`Status &
	ing Address		Street Address:		
_	istration Selsion of Co	ection orporations	Registration Se Division of Co		
	Box 6327		The Centre of	•	
	ahassee. F			e Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD SQUARE REALTY, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparation document number 1.19000199073	ny were filed on August 5, 2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
he new name must be distinguishable and contain the words "Limited Lie	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		202 DIV
Enter new mailing address, if applicable:		SECRE ISION O
Mailing address MAY BE A POST OFFICE BOX)		G CARL
		PH PH
		3: (
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	e address on our records, <u>enter the n</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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, 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	James Goldenberg	610 N. Lakeside Drive	≣ Add
		Lake Worth, FL 33460	□Remove
			□Add
			□Remove
			□Change
			DIVERGE FEE E
			PH 3: 04
			□Add
			□Remove
			Change
			□Add
		-	□Remove
			□Change

	
	202 202
	DIVISION 2028 SEP
	F 25
	Post 1
	PH 3: 04
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, a is filed.	it 12:01 a.m. on the earlier of: (b) The 90th day after the
August 16, 2023 Olaxae Haldex	lece
Juliane Staller	
Signature of a member or authorized	representative of a member