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COVER LETTER

Division of Corp	orations		
SUBJECT: JUPPE	er's Gold-Gauf	led LLC ted Pability Company	
	Name of Earth	ted materity confiding	
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Brandon 5	Name of Person	
	Jupiter's Go	old-Gaufley Firm/Company	
	9547 Yarrou	W CIT Address	
	Pensacola, F	City/State and Zip Code	
	byandonche E-mail address: (t	o be fied for future afficial report notifi	fication)
For further information co	ncerning this matter, please ca	ill:	
Byandon Ch	Nevry Person ()	at (<u>134</u>) <u>148 - a</u> Area Code Daytime	ago 4 e Telephone Number
Enclosed is a check for the	e 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)

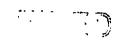
TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



mited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2022 HTT 23 PH 3: 59 The Articles of Organization for this Limited Liability Company were filed on $\frac{1100}{300}$ and assigned Florida document number <u>L 19000</u>7110 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." 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: Name of New Registered Agent: 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.

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
Secretary	Elisha S. Cherry	9542 Yarrow Gr. Pertacok	3H □Add
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If an et Note:	ive date, if other than the date of filing: 3 1 2020 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the self-ective date on the Department of State's records.
e recoi rd is fi	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	3/1/2020 2020
	X.(//
	Signature of a member or authorized representative of a member