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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
Gold Sir	ngle Mom LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Sandra Gold		
		Name of Person	<del></del>
	Gold Single Mom LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1163 Essex Drive		
	<del></del>	Address	<del></del>
	Wellington FL 33414		
	<del></del>	City/State and Zip Code	····
	sandragold@kw.com		
		to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please c	all:	
Sandra Gold		561 860-3321 at ()	
Nam	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check to	or the following amount:		
	□ \$30.00 Filing Fee &	□ \$55 00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	
Registratio		Registration Sec	
Division of P.O. Box 6	f Corporations	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Gold Single Mom LLC		<b>Q</b>
(Name of the Limited Lin (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Clorida document number £19000269612	ty Company were filed on 10/28/2019	and assigned
his amendment is submitted to amend the following	g:	
a. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" of	r the abbreviation "L.1C."
enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
3. If amending the registered agent and/or registegent and/or the new registered office address her		e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da 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, 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
MGR	Sandra Gold	1163 Essex Drive	
		Wellington FL 33414	□Remove
			■Change
			□Add
			Remove
			Change
			□ Add
			□ Remove
			bb∧⊡
			Remove
			Change
			DAdd
			□Remove
			□ Change
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_	itle change only from CEO to Manager
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ectiv	ve date, if other than the date of filing:
effe	ctive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nt's effective date on the Department of State's records.
	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
s file	ឋ.
ed	1/27/2020
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	$\triangle \triangle $
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00