

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000117895 3)))



H200001178953ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

15612148442

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

D11	Address:			
	AUGI BAB.		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLDEN FINANCIAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

0	SIMMONS
\cup	DIMINIO

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



GOLDEN FINANCIAL SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

·		'
The Articles of Organization for this Limited Liability Company w	vere filed on 04/16/2020	and assigned
Florida document number <u>L20000103761</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
agent and/or the new registered office address acts.		
Name of New Registered Agent:		
New Registered Office Address:		
The Market States of the State	Enter Florida stree	t address
		, Florida
	City	Zp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte.	ties, and I am Jamiliar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

→ 18506176383

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

2020 APR 22 AM 8: 56

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Fairway Financial Services, LLC	1901 W Cypress Creek Road	
		Suite 400	□Remove
		Fort Lauderdale, Florida 33309	□Change
MGR	Robert Linzer	6167 NW 79th Way	□Add
		Parkland, FL 33067	■Remove
			Change
MGR	Christopher Burke	10182 Emerson Street	
		Parkland, FL 33073	≅Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Change
			□Add
			Remove
			∏Chanec

		2020 APO D	į.
amending any other inform Article V:	nation, enter change(s) bere: (Attach additio	anal sheets, if necessary 7 AH 8	3: 5 ₆
The Limited Liability Corr	pany is a member managed timited liability com	V.	175
			-
			-
			-
			-
			-
			_
			_
			-
			-
			_
	451		
fective date, if other than t	he date of filing: must be specific and current be prior to date of filing or o	(optional)	05.020
nte: If the date inserted in this	block does not meet the applicable statutory filing Department of State's records.	ng requirements, this date will not be li	sted a
record specifies a delayed effect is filed.	rive date, but not an effective time, at 12:01 s.m.	on the earlier of: (b) The 90th day af	ger (pa
April 21	2020		
nted			
	Segnature of a member or authorized expresentative	re of a member	
	•		
Robert Linzer, Author	orized Representative of Member Typed or printed name of signer		

Filing Fee: \$25.00