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C. GOLDEN 0CT - 5 2020

COVER LETTER

TO: Registration Se Division of Cor					
GOLD STA	ANDARD HOUSING L.L.C.				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
	INCFILE.COM LLC				
		Firm/Company	<u>-</u>		
	17350 STATE HWY 249	STE 220			
		Address			
	HOUSTON, TX 77064				
	-	City/State and Zip Code			
	EFILE1234@INCFILE.CO				
		to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	all:			
LOVETTE DOBSON		855 82 9-9090 at (
Name o	f Person		ime Telephone Number		
Enclosed is a check for the	ne 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)		
Mailing Addres Registration S	Section	Street Address: Registration S			
Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee		
Tallahassee, I			roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD STANDARD HOUSING L.L.C.	2010 YET 19 PM 6: 44
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on 05/26/2020	and assigned
Florida document number L20000142824	
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	
	a "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:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address on our records, <u>agent and/or the new registered office address here</u> :	enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street	address
	Florido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	TINA KALSOW	137 SW 54TH TER	___ Add
		CAPE CORAL, FL 33914	
			□ Change
			□Add
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fective date, if other than the date on effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	ses not meet the appli	icable statutory filing	(optional ore than 90 days after filing requirements, this date) g.) Pursuant to 605.0207 e will not be listed as t
ecord specifies a delayed effective date. is filed.	, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
ated AUGUST 9	2020			
Man Bala	ow ure of a member or aut	horized representation	of a member	
Josephan	are or a memoer or aut	nonzeu representative	OL A THEIMOCI	