## K20000150233

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C. BRUMBLEY
FEB 1 7 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

GOLDEN COMPANY LLC SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Marcelo Paris Name of Person Paris Management Consulting Inc. Firm/Company 1756 NW 23rd St Ste B Address Miami, FL 33142 City/State and Zip Code marcelo@parisepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marcelo Paris 786 208-6739 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULDEN COMPANY LLC	Comment of the seconds	1
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our records, imited Liability Company)	. <b>,</b>
The Articles of Organization for this Limited Liability Con Florida document number L20000150233	npany were filed on 06/02/2020	und assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
LEVU AIR CARGO LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		ا الله الإلايات م
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
agent antion the new registered office and the		
Name of New Registered Agent:		
· · · · · · · · · · · · · · · · · · ·	<del> </del>	
New Registered Office Address:	Enter Florida street oddress	
	Flor	rida
	City	rida Zip Cocle
New Registered Agent's Signature, if changing Registered /	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agentieing filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I furt aplete performance of my duties, and at as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is
į	If Changing Registered Agent, Signature of	New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

7

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the da in effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depar	k does not meet the a	applicable statutor	ig or more than 90 da y filing requireme	(optional) sys after filing.) Pursua nts, this date will no	nt to 605,026 t be listed a
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s filed.					
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Filing Fee: \$25.00