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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
		MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		



02/17/23--01018--004 ++30.00

FILED

4/19/23 V.U.L.

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

• . • .

RENOVATIONS LLC GOLVEN KEY 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:

VISHNU PERSAD Name of Person									
GOLVEN KEY RENOVATIONS, LLC.									
16418 OBANGE BLVD. Address									
LOXAHATCHEE FL. 33470									
GOLDENKEY RENOVATZONZ @ GMAIL. COM E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
GOLDEN KEY RENOVATIONS, LLC. Firm/Company 16418 ORANGE BHVD. Address LOXAHATCHEE FL. 33470 City/State and Zip Code GOLDEN KEY RENOVATION Z. Q. GMAIL. COM E-mail address: (to be used for future annual report notification)									

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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 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 A	MENDMENT
TC	
ARTICLES OF O	RGANIZATION
OF	
GOLDEN KEY MENOVAT	TIONS, LLC
GOLDEN KEY PENOVA (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 07-10-2020 and assigned
The Articles of Organization for this Limited Liability Company v	and assigned
Florida document number <u>L20000 197815</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
GOLVEN KEYS CONSTRUCTION GROUP,	110
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)	
	223 7 EB
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
muning waress min benn obt office borg	
D. If the second second and/on periotopoid office of	it is the new registered
<b>B.</b> If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	aress on our records, enter the name of the new registered
Ment and/or the net regime to any ment of the	
Name of New Registered Agent:	

New Registered Office Address:

Enter Florida street address

Zip Code

_. Florida ___

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 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	ANTODNETTE PERSAD	16418 ORANGE BLVD.	Add
		LOXAHATCHEE FL. 33470.	□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			🗋 Add
			🗆 Remove
			□Change
			🗋 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 14th Signature of a member or authorized representative of a member

VISHOU PERGAD, Typed or printed name of signee