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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
,
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC	Golden Deal	LLC		
SOBOLA		Name of Lim	nited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		Samvel Gevorgyan		
			Name of Person	
		Golden Deal LLC		
			Firm/Company	
		133 E 4th St		
			Address	
		Jacksonville, FL 32206		
			City/State and Zip Code	
		goldendealflorida@gmail.c	om	
		E-mail address: (to be used for future annual repor	t notification)
For furth	ner information co	oncerning this matter, please c	all:	
Samvel	Gevorgyan		818 515160 at ()_	5
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed	I is a check for the	e following amount:		
■ \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>u</u>	Street Addre	<u>ss:</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Deal LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
		gust 17 and assigned
Mailing address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
he new name must be distinguishable and contain the	words "Limited Liability Company," the d	
Inter new principal offices address, if appli	cable:	2020
Principal office address MUST BE A STRE	ET ADDRESS)	ें है न
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		· 111
Inter new mailing address, if applicable:	***	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	·
		ecords, enter the name of the new registe
gent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Registered Agents Inc.	
New Registered Office Address:	7901 4th St N. STE300	
	Enter Flor	ida street address
	St. Petersburg	Florida 33702
	City-	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 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>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Sig	gnature of a member or	authorized	representative	of a member			