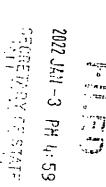
## L20000357142

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

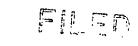
Tallahassee, FL 32314

Division of Cor	porations	•	
GOLDCOA	AST GLOBAL IL LLC	•	•
SUBJECT:	Name of Lin	nited Liability Company	
The analoged Artistae of	Amendment and fee(s) are sub	anissad for film.	
The enclosed Afficies of	Amendment and ree(s) are suc	mined for thing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DRAGOS SPRINCEANA		
		Name of Person	
		Firm/Company	
	17686 CIRCLE POND CT		
		Address	
	BOCA RATON, FL 33496		<u>.</u>
		City/State and Zip Code	
	DRAGOS@GOLDCOAST	-LOGISTICS.COM to be used for future annual report notif	·
For further information c	n-mail address: to oncerning this matter, please c	·	cation)
DRAGOS SPRINCEAN	-	312 316 3022	
		at () Area Code Daytime	Telephone Number
Enclosed is a check for th	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		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JAN -3 PH 4:59

GOLDCOAST GLOBAL IL LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.20000257142		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GOLDCOAST PROPERTIES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17686 CIRCLE POND CT	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33496	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the</u>	e name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□Add
			Remove
			□Change
			⊡Remove
			□Add
			□Remove
			□Change
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change

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l'an effi <u>Vote:</u>	ve date, if other than the date of filing:
record Lis fil	d 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 ed.
ated	December 28th 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00