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Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLD PRIME GENERAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

S. ROBERTS

re: . 7	,05/23/2023	12:43 F		TO: 185061763 OVER LETT	383 FROM:4079929407 ER	
	gistration Section vision of Corporation	s				
SUBJECT	GOLD PRIME GENERAL SERVICES LLC 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:						
		Maria C Sousa				
		Name of Person SA Finance & Accounting Inc				
		Firm/Company				
		5728 Major Blvd Ste 309				
				Address		
Orlando Florida 32819				819		
City/State and Zip Code					kle	
Licenses@safinacc.com						
	E-mail address. (to be used for future annual report notification)					
For further	nformation concerning	this matter, ple	ease cal	1:		
	Maria C Sousa			at (<u>407</u>)	8007028	
	Name of Person			Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD PRIME	GENERAL SERVICES L	LC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now a da Limited Liability Comp	any)	
The Articles of Organization for this Limited Liability	Company were filed	08/22/2020	and assigned
on Florida document number 1,20000267296			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability compa	ny here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company,	the designation "LLC" or the	e abbreviation FBL.C."
Enter new principal offices address, if applicable:			دی چوب آ
Principal office address MUST BE A STREET ADD	ORESS)		2
			£5:10: 2
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	.		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on o	our records, enter the na	ame of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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.

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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

ASIDK = A	utnorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>AMBR</u>	PEREIRA, CARLA	10413 Bissell St	
		Orlando, F1. 32836	N Remove
			□Change
<u>MGRM</u>	Carla Cristina Pereira Lourenco	10413 Bissell St	∑ Add
		Orlando, FL 32836	□Remove
			DChange
			□Add
			□Remove
	u-non-non-non-non-non-non-non-non-non-no		□ Add
			□Remove
		w	□Change
			□Add
		**************************************	□Remove
			□Change
			□ Add
			□Remove
			□Change

Page: 10 · **3**5/23/2023 12:43 PM TO:18506176383 FROM:4079929407 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 ____May, 22 2023 Signature of a member or authorized representative of a member

CARLA PEREIRA

Typed or printed name of signee