120000 296635

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12/16/20--01006--027 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Flower Holdings LI	ĿC				بجد	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appe Liability Company	ears on our records.)		計 6:	
The Articles of Organization for this Limited L	iability Company	were filed on _		and as	sighed	
Florida document number L20000296635						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company	here:			
The new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the	designation "LLC" or the a	bbreviation "L	L.C."	_
Enter new principal offices address, if applic	able:	1007 N fed	leral hwy Suite #90	15		_
(Principal office address MUST BE A STREE	ET ADDRESS)					_
		Fort lauded	dale FL 3330 ^H			_
Enter new mailing address, if applicable:		1007 N fed	leral hwy Suite #90	15		_
(Mailing address MAY BE A-POST OFFICE	BOX)					_
		Fort lauded	dale FL 3330¶			
B. If amending the registered agent and registered agent and/or the new registered o			on our records, enter	the name	of the	new
Name of New Registered Agent:	Registered	d Agents In	C.			_
New Registered Office Address:	7901 4th S	St N STE 3				_
	St. Peters	••	orida street address , Florida 3	3702		_
		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 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> Fitle</u>	<u>Name</u>	Address	Type of Action
P	Nicholas Foley	1007 N Federal Hwy Suite 9015 Fort Lauderdale, FL 33304	🖸 Add
			🗆 Remove
			Change
 			🗆 Add
			□ Remove
			□ Change
			O Add
			Remove
			_ Change
			_D Add
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			_□ Remove
			□ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.	_		
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Signature of a member or authorized representative of a member	ını	5 1 0 1 0000	
Signature of a member of authorized representative of a member		December 2nd 2020	
17		Min Jules	

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