## 121000022333

(Requestor's Name)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Ellips Officers
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration Set Division of Cor			
SUBJECT: (L	Name of Limit	Erprise (brillip Lited Liability Company	<u>LC</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tervo	Name of Person	
	(sülden c	hild Enterprise	Chruy LLC
	بادا	61 31 49th 3 Address	t
	Davie	FL 33314 City/State and Zip Code	
	E-mail address: (i	Lillams Ayahou.	ton eport notification)
For further information of	concerning this matter, please ca	all:	
Teques v.ll.	um S of Person	at ( 7 Y \ ) Area Code	Paytime Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address Registration	Section	<del>-</del>	tion Section
Division of C	corporations	Division	of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Golden Child En</u>	Reprise Group	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	)
The Articles of Organization for this Limited Liability Comp.	any were filed on <u>January 08,120</u>	and assigned
Florida document number <u>L21000023332</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new registered
		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:		当まって
New Registered Office Address:		当:
	Enter Florida street address	1.1
	, Flor	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Branca L Medanels	2820 Buttonwood Ave	□ Add
		Minomer, FL 33025	🖾 Remove
			□Change
MUR	Tegura L williams	1,06% 2m adm 2+	□Add
		Davie, FL 33324	Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	- <u>-</u> -		
			Remove
			Change
			□Remove

D. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	<u> </u>
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(If an eff Note:	ve date, if other than the date of filing:
f the recor	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.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Tegian Williams  Typed or printed name of signce
	Typed or printed name of signee

Filing Fee: \$25.00