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COVER LETTER

ΓΟ: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Golden
Golden Moving and Handyman.
220 Kein Rd Address
Apalachicola, FL 32320 City/State and Zip Code
Golden Mymno amail. Com E-mail address: (to be used for future annhal report notification)
For further information concerning this matter, please call:
Christopher Golden at (850) 899 5024 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calde

<u>Cholden Moving</u>	and Harr		<u>Solutions</u>	
(Name of the Limited Liability Compan (A Florida Limited L	lability Company)	1		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100033150</u>	were filed on	15/21	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi Colden Hand The new name must be distinguishable and contain the words "Limited Liability".	luman Si	Autions on "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
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:	ddress on our records	, <u>enter the name</u>	of the new registerec	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	et 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.

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>	Name	Address	Type of Action
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fan effect <mark>Note:</mark> If	date, if other than to date is listed, the date in this the date in this t's effective date on the	nust be specific and block does not n	cannot be prior to neet the applicab	date of filing or n le statutory filin	ore than 90 days aft	tional) er filing.) Pursuant to 60 his date will not be lis	05.0207 sted as
record s d is filed	specifies a delayed effect.	tive date, but not	an effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day aft	ter the
Dated <u>[[</u>	/10/a0a1	Signature of a 1	memper or author	zed representative	() of a member		
	CK	instoph	Pr G	nlden			