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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations		
SUBJECT:	Gold Mount 1	V. LLC	
		ited Liability Company	-
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Michael	Maux 122 O Name of Person	
	- Goldmo	Firm/Company	
	101 Stor	rebridge Ct.	2021 AUG -2 SECRETARN TALLAHA
	New Har	City/State and Zip Code	() () () () () () () () () () () () () (
	E-mail address: (to be used for future annual aport not	p. Conversion 72.
For further informatio	n concerning this matter, please ca	all:	.,, C
Michael	Maurizio ne of Person	at (315) 525 Area Code Daytin	ne Telephone Number
Enclosed is a check fo	or the 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)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ection
Division of	f Corporations	Division of Co	rporations
P.O. Box 6	327	The Centre of T	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gold Mount N.	LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	y were filed on $25/21$ and assigne
lorida document number <u>L21000064473</u> .	' '
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	hiliter company horos
_	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	2
• •	
Principal office address MUST BE A STREET ADDRESS)	
	September 1981
nter new mailing address, if applicable:	- Fig. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
Mailing address MAY BE A POST OFFICE BOX)	_
	- IM 0
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new res
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	Florida City: Zip Code

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
			□Add
			□Remove
			□Change
			□Add
	· · · ·		□Remove
			2021 AUG -2 PM SECRETARY OF TALLAHAS SE
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ffective date, if other than the date of filing: 02 05 an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable secument's effective date on the Department of State's records.	te of filing or more than 90	(optional) days after tiling. eents, this date) Pursuant to 605.6 will not be listed	0207 i ed as i
record specifies a delayed effective date, but not an effective time, a is filed.	at 12:01 a.m. on the earl	ier of: (b) Th	e 90th day after	the
ated July 27th 2021				
1/1/2011				