121000655 II

(Requestor's Name)
(Address)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J DENNIS
DEC 2 8 2072
A.

Office Use Only



300394740333

09. <u>17/22--01022--020</u> **25.00

2022 SEP 27 AM 11: 20 -

FILED
SECRETARY OF STATE
SECRETARY OF CARPORALIDA

COVER LETTER

SURIFO		/OOD, LLC		
SOBIEC	-!· <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
	Registration Section Division of Corporations GOLD & WOOD, LLC Name of Limited Liability Company			
		•	Name of Person	
		GOLD & WOOD, LLC		
			Firm/Company	
		13462 OLD ENGLISHTO	WN RI)	
			Address	
		WELLINGTON, FL 3341-	4	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti-	lication)
For furth	er information co	oncerning this matter, please c	all:	
RADHA	MES A CANDE	LARIO GUILLEN		
·	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25. 6	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailino Address		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

GOLD & WOOD, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000065811	were filed on 02/16/2021 and assigned
This amendment is submitted to amend the following:	
the Articles of Organization for this Limited Liability Company were filed on and assigned torida document number L21000065811 This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) SUNRISE. FL 33351 The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered tent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	9455 NW 42 ST
Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33351
er new mailing address, if applicable:	9455 NW 42 ST
Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33351
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regi
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.

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>	<u>Name</u>	Address	Type of Action
AMBR	Radhames A Candelario Guillen	1522 SHAKER CIRCLE	□Add
		WELLINGTON, FL 33414	□Remove
			Change
AMBR	Radhames Candelario Garcia	1522 SHAKER CIRCLE	□∧dd
		WELLINGTON, FL 33414	□Remove
			■ Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change

				
			·	
				
				
				
	-			
				
				
<u></u>				
ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to does not meet the applicable		lays after filing.) Pursuant to 605.0	
record specifies a delayed effective da l is filed.	ite, but not an effective time.	at 12:01 a.m. on the earli	er of: (b) The 90th day after	the
ated September 21st	, 2022			
Kaelle	mes 1- Conclude nature of a member or authorize	d representative of a member	r	
_				