121000101577

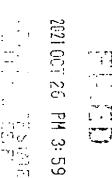
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·
PICK-U	P WAIT	MAIL
	(Business Entity Name)	.
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	

Office Use Only



600375518546

10/26/21--01006--004 *+25.00



A. BUTLER NOV 0 9 2021

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			•
GOLDEN I	EAGLE DEVELOPMENT, LL	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OLGA ADRIANA MORE	NO	
		Name of Person	
	WXC CORPORATION		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	8240 NW 52nd Terrace Su	ite 305	
		Address	
	Doral, FL 33166		
		City/State and Zip Code	
	amoreno@wxccorp.com E-mail address: (to be used for fature annual report noti	fication)
For further information c	oncerning this matter, please ca	·	
Adriana Moreno		+1 305-676-657	6
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)
Mailing Addres		Street Address: Registration Sec	Stian
Registration S Division of C		Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021 OCT 26 PH 3: 59

GOLDEN EAGLE DEVELOPMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on 03/02/2	2021	_ and assigned
Florida document number L21000101577	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDR.	<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 agent and/or the new registered office address here: Name of New Registered Agent:	office address on our recor	ds, <u>enter the name o</u>	of the new registered
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my ent as provided for in Chap	duties, and I am fan oter 605, F.S. Or, if	niliar with and this document is
	If Changing Registered Agent.	Signature of New Regist	tered 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
MGRM	ROBERTO COBUCCI	262 EGRET WAY	□Add
		WESTON, FL 33327	□Remove
			Change
			□Add
		<u> </u>	□Remove
			Change
			
		 	□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Add
			Remove
			Change

					
					
			•		
	· · · ·				
	<u></u>				
					
 					
	·				
-					
					
ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	iust be specific and block does not m	cannot be prior to seet the applicab	date of filing or more le statutory filing r	(optional than 90 days after fill equirements, this days	ng.) Pursuant to 605.020
record specifies a delayed effect his filed.	tive date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
October 21st		2021			
-		-بر		a member	

Filing Fee: \$25.00

Typed or printed name of signee