K21000157437

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COVER LETTER

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Tallahassee, FL 32314

	egistration Se ivision of Cor			
		IT INDUSTRIES LLC		
SUBJECT	;	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		JES S ICA M. RAMIREZ		
			Name of Person	
		GOLDPRINT INDUSTRIES	SLLC	
			Firm/Company	
GOLDPRINT INDUSTRIES LLC Firm/Company 8050 N NOB HILL RD # 304 Address TAMARAC, FL 33321 City/State and Zip Code goldprintindustriesllc@gmail.com E-mail address: (to be used for future annual report notification)				
	Address			
		TAMARAC, FL 33321		
			City/State and Zip Code	
				·-
		E-mail address: (to be used for future annual report not	ilication)
For further	information c	oncerning this matter, please co	all:	
JESSICA	M. RAMIREZ		954 203 8519	
	Name o	f Person	at ()Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	he 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)
R	lailing Addres	Section	Street Address: Registration Se	
	Division of C		Division of Co The Centre of	
P.O. Box 6327 Tallahassee, FL 32314			be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14 19 14 15 W. B. C. M. 194

GOLDPRINT INDUSTRIES LLC

21 AUG -9 AHTI: 58

(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 Company were filed on $\frac{4/05/2021}{}$ Florida document number L21000157437 This amendment is submitted to amend the following: A. 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." 8050 N NOB HILL RD # 304 Enter new principal offices address, if applicable: TAMARAC, FL 33321 (Principal office address MUST BE A STREET ADDRESS) 8050 N NOB HILL RD # 304 Enter new mailing address, if applicable: TAMARAC, FL 33321 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City

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. Thereby 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 Achorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager Authorized Member	And San San San	
<u>Title</u>	Name	ARM 68 6 -9 AH 11: 58	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
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feetive date, if other than the date of filing: Optional Optional	_	
Signature of a professor authorized representative of a member Signature of a professor authorized representative of a member Signature of a professor authorized representative of a member		21 AUG -9 AHU: 58
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