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(Document Number)
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## **COVER LETTER**

TO:

	istration Se ision of Cor				
SUBJECT:		ne Private Tours LLC			
SUBJECT:		Name of Lim	ited Liability Company	<del></del>	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Dean Mahmoud			
			Name of Person	<del>-</del>	
		Mahmoud Group LLC			
			Firm/Company	<del></del>	
		4319 Swift Circle			
			Address	<del></del>	
		Valrico, FL 33596			
			City/State and Zip Code	<del></del>	
		mahmode05@gmail.com			
		E-mail address: (	to be used for future annual report notificatio	n)	
For further in	nformation c	oncerning this matter, please ca	alt:		
Dean Mahm	oud		856 217-3188		
•	Name o	f Person		phone Number	
Enclosed is a	check for th	ne following amount:			
<b>≘</b> \$25,00 F	iling 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)	
	iling Addres	_	Street Address:		
-	gistration S vision of C	Section orporations	Registration Section Division of Corporations		
	). Box 632	•	The Centre of Tallah		
Tal	lahassee, I	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Golden Stone Private Tours LLC

2021 NOY, 17 AM 2:51

(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our free muted Liability Company) TALL	AHASSEE, FL 34	
The Articles of Organization for this Limited Liability Com	pany were filed on 04/07/2021	and assigned	
Florida document number L21000162390			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
		···	
Enter new mailing address, if applicable:	<del>-</del>	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	ffice address on our records, ent	er the name of the new register	
agent and/or the new registered office address here:	the day can on our recorda, ent	er the name of the new register	
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 A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, it as provided for in Chapter 60,	and I am familiar with and 5, F.S. Or, if this document is	

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mahmoud Group LLC	4319 Swift Circle	<b>≅</b> Add
		Valrico, FL 33596	□Remove
			□Change
MGR	Dean Mahmoud	4319 Swift Circle	□ Add
		Valrico, FL 33596	≣Remove
			□Change
<del></del>			
			Петоve
<del></del>			
			□Remove
		**** * · · · · · · · · · · · · · · · ·	
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