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(Business Entity Name) (Document Number)	
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COVER LETTER

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/14 18 3 183 /		GOLDEN T	AURUS LLC				
SUBJEC	.1: _	-	Name of Lim	ited Liability Company	·		
The enclo	osed :	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn a	Il correspon	ndence concerning this matter	to the following:			
			ALENA DRANNIKOVA				
				Name of Person			
			GOLDEN TAURUS LLC				
				Firm/Company			
			6950 CÝPRESS RD STE	209			
				Address			
			PLANTATION FL 33317				
			NICK@ULTDRIVE.COM	City/State and Zip Coc	le		
For furth	er inf	ormation co	E-mail address: (to be used for future annuall:	ual report notification	1)	C
		NNIKOVA	-	754	2068383		
	· -	Name of	Person	at () _ Area Code	Daytime Telep	ohone Number .	•
Enclosed	lisad	theck for the	e following amount:				j
■ \$25.0	00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy tadditional copy is		S60.00 Filing Fee; Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regi	ng Address stration S	ection	Regis	Address: stration Section		
		sion of Co Box 6327	orporations 7	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			L 32314		N. Monroe Stre		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A.F.	iebility Compan lorida Limited L	v gs it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liabil Florida document number L21000188744				and as	ssigned
This amendment is submitted to amend the following	<u>ាម</u> ្ភ:				
A. If amending name, enter the new name of the	limited liabi	lity company her	<u>re</u> :		
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the de-	signation "LLC" or the a	bbreviation "	L.L.C."
Enter new principal offices address, if applicable:		2321 W JACKS	ON ST		
Principal office address MUST BE A STREET A	DDRESS)	ORLANDO Florida 32805-3012			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2321 W JACKSO ORLANDO Flor			Ç
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ddress on our re	cords, enter the nan	ne of the n	ew regis
agent and was the new regimerer writes where the				<u>.</u>	!
Name of New Registered Agent:	ALENA DRANNIKOVA			<u>``</u>	زر
New Registered Office Address: 2	321 W JACKS	ON ST		[-	
		Enter Flori	la street address		
· <u>(</u>	DRLANDO		Florida _ ³²	2805-3012	
		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>	<u>Address</u>	Type of Action
P	KUZIN, MICHAEL	6825 INTEGRA COVE BLVD	
		APT 401	Remove
		ORLANDO, FL 32821	□Change
AMBR	ALENA DRANNIKOVA	2321 W JACKSON ST	= Add
		ORLANDO Florida 32805-3012	□Remove
			□Change
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ective date, if other than the date effective date is listed, the date must be: e: If the date inserted in this block	te of filing: specific and cannot be prior, does not meet the applica	to date of filing or m	(optio	onal) tiling.) Pursuant to 605	.020 ed a:
nument's effective date on the Depar	rtment of State's records.				
ecord specifies a delayed effective da s filed.	ate, but not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after	r the
ted JUNE 22	. 2021	<i>M</i>			
		/ (~, /,			

Filing Fee: \$25.00