## L21000233595

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	10/	20/21

Office Use Only



000374702420

10/12/21--01015--009 \*\*25.00



## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	oorations		
SUBJECT: The	holdenTime.	LLC:	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspoi	ndence concerning this matter	to the following:	
	Elynice L	Vilson da Silva Name of Person	
	The bolde	Prime LLC Firm/Company	<del>_</del> .
	6039 Collins A	ve Svite 416 Hia Address	<u>mî Beach</u> FL 33140
	Mi'ami Bea	ACH: Flozi da 331. City/State and Zip Code	40
	thegoldentime 1:-mail address: ()	IICPG mail · Cam to be used for future annual report notif	ication)
For further information ec	ncerning this matter, please ca	all:	
Elynico Will Name of	Son da Silva Person	at ( <u>786</u> ) <u>916</u> 16.5 Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 Address Registration S	ection	Street Address: Registration Sec	
Division of Co P.O. Box 632	- <del>-</del>	Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEGOLDENTIME LIC

FILED

2021 OCT 12 AH 9: 24

( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.)  TALLAHA SETT. FILE
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000233595</u>	
This amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" there new principal offices address, if applicable:  SAME ADDRESS  enter new mailing address MUST BE A STREET ADDRESS)  there new mailing address, if applicable:  [adding 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 ent and/or the new registered office address here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME ADDRESS
(Principal office address MUST BE A STREET ADDRE	ESS)
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:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: EN	YAIRE W. SILVA
New Registered Office Address: Of	Ance W. Silva 39 Collins Ave Suite 416 Enter Florida street address
	Nami Beach Florida 33/40
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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Regina Silas	P.O BOX 681427	□ Add
		MIGMI, FL 33168	□Remove
			i <b>x</b> @hange
MGR	Elynice W. Silva	6039 Coilins Ave	□Add
		Miami, Beach FL, 33140	) □Remove
			\$\footnote{\pi}\$Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊡Change
			□Add
		<del></del>	□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change

	<del></del>	
_		
		· · · · · · · · · · · · · · · · · · ·
		_
		<del></del>
_		
		·
		<del></del>
an effec <u>ote:</u> If	ve date, if other than the date of filing:	
record : Lis filed	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ed.	90th day after the
ated _	10/07/2021	
	Signature of a member or authorized representative of a member	