633 ision of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H210003888763))) H210003888763ABCA Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. AH IO: To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GOLIZ LLC Account Number : I20210000136 Phone : (954)655-1817 Fax Number : (954)758-9108 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_\_\_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EA SCHWARTZ LLC Certificate of Status 0 Certified Copy 0 OCT 2 8 2021 Page Count 01 A. LUNT Estimated Charge \$25.00 ف \_\_\_\_\_ 3 Bectronic Filing Menu Corporate Filing Menu Help

## COVER LETTER

TO: Registration Section Division of Corporations

EA SCHWARTZ LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisbeth Feldman Name of Person Go/iz LLC Firm/Company 4025 N NOG Hill Rd APT 500 Address SUNTISE Fl 33351 City/State and Zip Code Goliz LLC flog mail Con. E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisbeth Feldman. at (954) 655/817 Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A TO ARTICLES OF O OI <u>EASHWARTZ</u> ( <u>Name of the Limited Liability Company</u> (A Florida Limited Li The Articles of Organization for this Limited Liability Company of	RGANIZATION Y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $L21000294633$ .	were filed on (10/12, 23, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
Hew Registered Office Address.	Enter Florida street address
	. Florida
	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>	Name	Address	Type of Action
AMBR	Goliz LLC	4025 N NOG Hill RJ APTSOP	E Add
		Sunrise Fl 33351	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	June 24, 2021		 	

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

October 19	2021	
Dated	;;;;;	
	Signature of a member or authorized representative of a member	
	Lisbeth Feldman	
·····	Typed or printed name of signee	

Filing Fee: \$25.00