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T. SCOTT



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COVER LETTER

TO: Registration Se Division of Cor	ction Dorations			
Gold Mine				
SUBJECT:				
		ted Liability Company		
		•		
The enclosed Articles of	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	Claude Leslies Jones Jr			
	Gold Mine Division	Name of Person		
	Gold Mine Dispatch			
		Firm/Company		
	1073 S. Cypress Road			
	Pompano Beach, Fl 33060	Address		
	into@aol.tminutien.cub	City/State and Zip Code		
	info@goldminedispatch.com			
		to be used for future annual report no	tification)	
	concerning this matter, please co			
Claude Jones		954 6306662		
Name o	of Person	at () Area Code Dayti	me Telephone Number	
		·	•	
Enclosed is a check for t	•	—	_	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &	
	Communication states	(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
Mailing Addre		Street Address:		
Registration		Registration S		
Division of C		Division of Co The Centre of		
P.O. Box 633 Tallahassee,			oe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gold Mine Dispatch	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
he Articles of Organization for this Limited Liability Company were filed on Jul lorida document number	ly 2 2021 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company h	ere:
Gold Mine Dispatch LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	73 E 72 T
	\$2. The same of th
nter new mailing address, if applicable:	M= 4
Mailing address MAY BE A POST OFFICE BOX)	A 11)
	<u> </u>
	ි ජ ා
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address: Enter Flo	orida 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			Add
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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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 ord is filed. July 7th Dated Signature of a member or authorized representative of a member				
Effective date, if other than the date of filing:	·-···			-
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Dated		2021		
Signature of a member or authorized representative of a member	Dated			
Signature of a member of authorized representative of a member			representative of a member	
	-6	Signature of a member or authorized	representative of a member	
	Claude Leslie Jones J	Typed or printed nar	ie of signee	

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Electronic Articles of Organization For Florida Limited Liability Company

L21000305233 FILED 8:00 AM July 02, 2021 Sec. Of State

Article I

The name of the Limited Liability Company is:

GOLD MINE DISPATCH

Article II

The street address of the principal office of the Limited Liability Company is:

1073 S. CYPRESS ROAD POMPANO BEACH, FL. 33060

The mailing address of the Limited Liability Company is:

1073 S. CYPRESS ROAD POMPANO BEACH, FL. 33060

Article III

The name and Florida street address of the registered agent is:

CLAUDE L JONES JR. 1073 S. CYPRESS ROAD POMPANO BEACH, FL. 33060

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CLAUDE JONES

Article IV

The effective date for this Limited Liability Company shall be:

07/02/2021

Signature of member or an authorized representative

Electronic Signature: CLAUDE JONES

Lam the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.