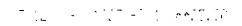
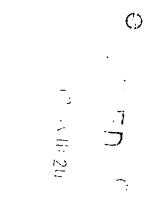


(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only 5. ()







Registration Section

TO:

Division of Corp	porations					
GOLDEN S	PORE LLC					
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	T. Matthew Ladyman, Esq.					
	<u> </u>	Name of Person				
	Nishad Khan, P.L.					
		Firm/Company				
	617 E. Colonial Dr.					
		Address				
	Orlando, Florida 32803					
		City/State and Zip Code				(;)
	matthew@nishadkhanlaw.co	to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please ca			:	•	
T. Matthew Ladyman		407 228-9711		· · · · ·	3	
Name o	f Person	Area Code Daytimo	Telephone Number	11:24		
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Status opy		
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec				
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T				
P.O. Box 052 Tallabassee			e Street, Suite 810)		

Tallahassee, FL 32303

DocuSign Envelope ID: C276CB5B-BEBA-4412-900A-DD49BB06B698

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN SPÖRE LLC		_ _
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Compan	y were filed on July 6, 2021	and assigned
orida document number 1.21000306388		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
		<u>.</u>
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new regist
ent and/or the new registered office address here.		
		ま ラー
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Flori	ida
	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.

DocuSign Envelope ID: C276CB5B-BEBA-4412-900A-DD49BB06B698 It amending Authorized rerson(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
MGR	Sergio Rojas	415 Page St. Orlando, Florida 32806	
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fective date, if other than the neffective date is listed, the date m	ust be specific and cannot be j	prior to date of filing or a	nore than 90 days after	filing.) Pursuant to 605	5,020
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cument's effective date on the	Department of State 8 rect	iras.		11: 21	
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ecord specifies a delayed effect is filed.	ive date, but not an effecti	ve time, at 12:01 a.m	on the carrier or. (b)	The sources are	
ted	2021				
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Ninks Ninks	Signature of a member or				
	CONTRACT CONTRACTOR	authorized representativ	e of a member		
	Signature of a memoer of	authorized representati	e of a memori		