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9/13/2022

## **COVER LETTER**

Please return all correspondence concerning this matter to the following:  SHAMERA NASHAL ELLIS Name of Person  Firm/Company  Ilol PARKSIDE GRUE Address  PANAMA CITY BEACH 82413  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
SHAHERA NASHAL ELLIS Name of Person  Firm/Company  Ilol PARKSIDE BRCLE Address  PANAMA CITY BEACH 82413  City/State and Zip Code  Eshameka 83 @ Mail. com  E-mail address: (to be uyled for tuture annual report notification)  For further information concerning this matter, please call:
SHAHERA NASHAL ELLIS Name of Person  Firm/Company  Ilol PARKSIDE BRCLE Address  PANAMA CITY BEACH 82413  City/State and Zip Code  Eshameka 83 @ Mail. com  E-mail address: (to be uyled for tuture annual report notification)  For further information concerning this matter, please call:
Firm/Company    Ilol PARKSIDE GRUE   Address
Iol PARKSIDE BRUE   Address
PANAMA CITY BEACH 32413  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
E-mail address: (to be used for tuture annual report notification)  For further information concerning this matter, please call:
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For further information concerning this matter, please call:
Il de 1 - 1 - 10
Thanka Nashal Ellis at (850) 775 0062  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

2822 SEP 13 PH 12: 33

GOLD OT A	MOND C	IFANING LLC inv as it now appears on our records.)	- <b>U</b>
- (	A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L2100036</u>	bility Company 3899	were filed on $\frac{08 13 2001}{}$ and assigned	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
GODDEAMAND	INTER	PRISES LLC	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		1101 PARKSIDE CIRCLE PANAMA CITY BEACH FIDELDA 32413	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, <u>enter the name of the new registered</u>	:
Name of New Registered Agent:	Sham	Cha Nasbal Ellis	1.
New Registered Office Address:	1101 PAK	Enter Florida street address	h,
	PANAMA	City Beach Florida S2418	
N. O. C. LA CAN Change and R. L. Con D.	internal Arrant		

## 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
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effective date is lis	ther than the date of sted, the date must be specified serted in this block does	fic and cannot be prio	r to date of filing or m	ore than 90 days a	fter filing.) Pursuant	to 605.020
ument's effective	e date on the Departmen	nt of State's records	s.	g requirements.		
	delayed effective date, bu	ut not an effective t	ime, at 12:01 a.m.	on the earlier of	(b) The 90th da	y after the
s filed.	_					
ed Septemb	x/ 13th	Lore.	<u> </u>			
	Signature	neka NA	Shal Elli	S • of a member		
	Signature	e of a memoer of aut	all en representative	. Of a filefiller		

Filing Fee: \$25.00