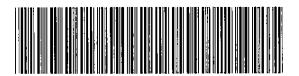
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Security Division of Corp | | | | |
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| SUBJECT: | 70/den Go Name of Lim | no Se AI, LU | <u></u> | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | ~> | |
| Please return all correspon | ndence concerning this matter | to the following: | D23 AL | |
| | Tom | L', PScomb | 2023 AUG 21 PH 12: 40 | |
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| | 414 Oras | gewood D6 Address | <u>. </u> | |
| | TL', PS COM | City/State and Zip Code b D Golden 60 to be used for future annual report notif | 34698 ore-AI. com | |
| For further information co | oncerning this matter, please c | all: | | |
| Name of | L's pscomb | $\frac{1}{\text{Area Code}} \frac{270}{\text{Daytime}}$ | 8-78 Telephone Number | |
| Enclosed is a check for th | 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) | |
| Nanikimia dadanan | | Samuel Address | | |

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

Golden Goose AI, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ______. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 | Membe: |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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