

L2Z 000 516 602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

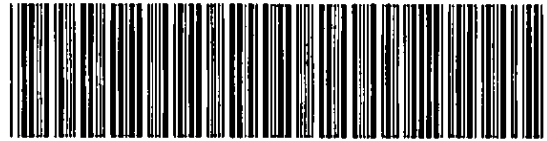
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*[Signature]*



900393053069

09/30/22--0100--014 \*\*25.00

22 AUG 30 AM 10:26  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GOLDEN GROUP SERVICES LLC**

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

THIAGO C DE CASTRO,

Name of Person

Firm/Company

2830 MIRELLA CT 4108

Address

WINDERMERE FL 34786

City/State and Zip Code

ggsllc@hotmail.com

E-mail address: (to be used for future annual report notification)

22 AUG 30 AM 10:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

For further information concerning this matter, please call:

THIAGO CASTRO

407 686-8175  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GOLDEN GROUP SERVICES 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 12/07/2021 and assigned Florida document number L21000516602.

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)**

2830 MIRELLA CT 4108

WINDERMERE FL 34786

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2830 MIRELLA CT 4108

WINDERMERE FL 34786

22 AUG 30 AM 10:26  
DIVISION OF CORPORATIONS

**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:

TALITA FAVARO

New Registered Office Address:

2830 MIRELLA CT 4108

Enter Florida street address

WINDERMERE

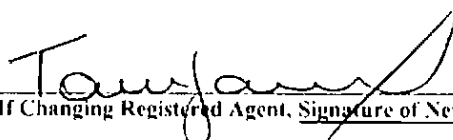
City

Florida 34786

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.*

  
Talita Favaro  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DE CASTRO, THIAGO C	4897 CYPRESS WOODS DR. APT 6302	<input type="checkbox"/> Add
		ORLANDO FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TALITA FAVARO	2830 MIRELLA CT 4108	<input checked="" type="checkbox"/> Add
		WINDERMERE FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 AUG 30 AM 10:26  
DIVISION OF RECEPTION

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

22 AUG 30 AM 10:26

— 110 —

F. Effective date, if other than the date of filing: 08/19/22 (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.

Dated August 19th 2022

- DocuSigned by:

Thiago De Castro

-4B2CBFBFF4C741B

Signature of a member or authorized representative of a member

THIAGO C DE CASTRO

Typed or printed name of signee

**Filing Fee: \$25.00**