

L210000530660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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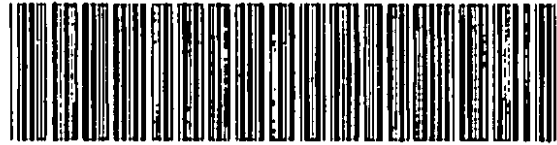
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR -7 PM 2:28

FILED

A. BUTLER

MAR 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GoldenPath 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:

Lisa L. McClain

Name of Person

Firm/Company

924 North Magnolia Avenue, Suite 202, Unit 5092

Address

Orlando, FL 32803

City/State and Zip Code

LisaL.McClain@outlook.com

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

For further information concerning this matter, please call:

Lisa L. McClain

850 264-3582
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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)

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**

FILED

2022 MAR -7 PM 2:28

Golden Path Services, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12-17-2022 and assigned
Florida document number L21000530660.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

New Registered Office Address:

Enter Florida 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

Change Effective Date to March 7, 2022. Amended Articles of Organization are included.

Change Effective Date to March 7, 2022. Amended Articles of Organization are included.

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.

Dated March 7 2022

John L McClain

Signature of a member or authorized representative of a member

Lisa L. McClain

Typed or printed name of signee

Filing Fee: \$25.00

AMENDED AND RESTATED ARTICLES OF ORGANIZATION

State of Florida Limited Liability Company

Pursuant to Section 605.0201, Fla. Stat.:

Article I – NAME

The name of the Limited Liability Company is as follows: Golden Path Services, LLC.

Article II – TYPE

The entity being formed is a Limited Liability Company.

Article III – ADDRESS

The mailing address and the street address (principal office address) for the Limited Liability Company are as follows:

Limited Liability Company Address:

924 North Magnolia Avenue
Suite 202, Unit # 5092
Orlando, FL 32803

The mailing address and street address (principal office address) for the limited liability company are the same.

Article IV – REGISTERED AGENT INFORMATION

The name and address of the registered agent are as follows:

Lisa L. McClain
924 North Magnolia Avenue
Suite 202, Unit # 5092
Orlando, FL 32803

The street address and the mailing address of the registered agent are the same.

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 Lisa L. McClain, hereby accept the appointment as registered agent and consent to act in this capacity. I further agree to comply with the provisions of all statutes relating to 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 of the Florida Statutes.

Lisa L McClain
Signature of Registered Agent

