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PHLED 2022 HAR -7 PH 2: 28 SECRETARY OF STATE

A. BUTLER MAR 16 2022

COVER LETTER

TO: Registration S Division of Co	Section orporations 💆 🔭 🤎		.	
GoldeniPa	alli Superces, LLC			
Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	nondence concerning this matter	to the following:		
	Lisa L. McClain			
		Name of Person		
		Firm/Company		
	924 North Magnolia Aven	uc, Suite 202. Unit 5092		
		Address	***	
	Orlando, Fl. 32803			
		City/State and Zip Code		
	Lisal_McClain@outlook.co			
	E-mail address:	to be used for future annual report noti	fication)	
For further information	concerning this matter, please of	ull:		
Lisa L. McClain		850 264-3582		
Name	of Person		e Telephone Number	
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 (udditional copy is enclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr	rss:	Street 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), CTALLAGE STATE The Articles of Organization for this Limited Liability Company were filed on 12-17-2022 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: 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

_. Florida ___

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
N/A			□Add
			🗀 Remove
			Change
			DAdd
			□Remove
			DChange
			DAdd
			□Remove
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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.

Signature of Registered Agent

Article V -- STRUCTURE

This limited liability company will be managed by the following individual:

Lisa L. McClain

Member

Article VI - EFFECTIVE DATE

The effective date of these Articles of Organization, as amended, will be March 7, 2022.

	EXECUTION
Signature of organizer:	
Line LMcClain	
• 1	
Printed name of organizer:	
Lisa L. McClain	
Title of organizer:	
AMBR	
Date of Filing Amended and Restated A	Articles of Organization:
3-7-2022	

Statement of signatory:

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.