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COVER LETTER

TO: Registration Division of C			
	h Properties LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Michelle Goldsmith		
		Name of Person	
	Goldsmith Properties LLC		
		Firm/Company	
	5012 NW 122nd Ave		
		Address	
	Coral Springs, FL 33076		
	 	City/State and Zip Code	
	jgoldsm543@aol.com E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	·	
Michelle Goldsmith		571 241-2297	
Name	e of Person	at () Area Code Daytime	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 (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations ARY CARRY Street. Suite 810 Sp. 19

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goldsmith Properties LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	pany were filed on Jan 18, 2022	and assigned
Florida document number 1.22000033262		
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 "LI C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES)	<u> </u>	
		<i>σ</i> ≈
		. P
Enter new mailing address, if applicable:		FRE US
(Mailing address MAY BE A POST OFFICE BOX)		AR 26
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		ကြဟ ယ
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the new registered
		• • •
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey Goldsmith	5012 NW 122 Avenue Coral Springs FL 33076	■Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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