

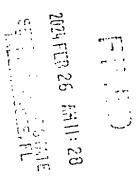
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:

TO:		istration Se sion of Cor				
SUBJEO	CT:	GoldCare H	Holdings L1.C			
			Name of Lim	ned Liability Company		
The encl	losed	Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspo	ndence concerning this matter	to the following:		
			Troy Brewer		_	
				Name of Person		
			914 Consulting	Firm/Company	_	
				Time Company		
			6612 Autumnwood Dr	Address	_	
			N. J. W. 1981 27221			
			Nashville, TN, 37221	City/State and Zip Code	-	
			troycpa64@gmail.com			
For furth	ner in	formation co	E-mail address: (to proceed this matter, please or	to be used for future annual report notification)	9:75, FFR 26	
Troy Br	ewer			at (615) 668-5659		
		Name of	f Person	Area Code Daytime Telephone Numbe	1 1 1 2 E	
Enclosed	l is a	check for th	e following amount:		TE 28	
□ \$ 25.	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &	
		ling Address		Street Address:		
	_	istration S ision of Co	Section orporations	Registration Section Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GoldCare Holdings 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 February 2, 2022 __ and assigned Florida document number <u>L22000057157</u> 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 Florida

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 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
CPA-Trea	Troy Brewer	6612 Autumnwood Dr. Nashville, TN 37221	
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Signature of a member or authorized representative of a member	ed February 20 2024		
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	1		
	Troy Brewer, CPA		