Florida Department of

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(((H22000265287 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056

Phone : (954)842-2931

Fax Number

: (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email.	Address:			
	MOOLECC.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLDEN AIM, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

COVER LETTER

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TO: Registration So Division of Cor					
	AIM, L.L.C.				
SUBJECT:	Name of Lim	ited Liability Company	-		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SORSHER, ALEKSANDI	₹			
	Person Area Code Daytime Telephone Number following amount:				
	GOLDEN AIM, L.L.C.	the following: Name of Person Firm/Company Address City/State and Zip Code 1 De used for future annual report notification) 954 842-2931			
		Firm/Company			
	900 N. FEDERAL HWY	306			
	· · · · · · · · · · · · · · · · · · ·	Accires3	·		
	HALLANDALE, FL 3300	9			
		City/State and Zip Code	,		
	=				
	E-mail address: (to be used for luture annual report noti	fication)		
For further information of	concerning this matter, please ca	all:			
SORSHER, ALEKSAN	DR	• ,			
Name (of Person	Area Code Dayting	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
<u>Mailing Addre</u> Registration			ction		
Division of C		Division of Cor	Division of Corporations		
P.O. Box 632					
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN AIM, L.L.C.					
(Name of the Limit	ed Liability Company as (A Florida Limited Liabili	it now appears on our re ty Company)	cords.)		
The Articles of Organization for this Limited L Florida document number L22000099851	iability Company were	filed on 02/25/2022		and assig	ned
Florida document number	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability	company here:			
The new name must be distinguishable and contain the v	words "Limited Liability Co	ompany," the designation	"LLC" or the ab	obreviation "L.L.	C."
Enter new principal offices address, if applic	cable:			 	
(Principal office address MUST BE A STRE)	ET ADDRESS)				-
	_			· · · · · · · · · · · · · · · · · · ·	 •
m () Aluma (Camplinghler					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u> </u>				
B. If amending the registered agent and/or	registered office addr	ess on our records, <u>e</u>	nter the nan	ne of the new	register
agent and/or the new registered office addre	ess here:			202 141 141 141 141 141 141 141 141 141 14	
Name of Name Projection of America	SORSHER, ALEKS	SANDR		THE N	
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street (address	<u> </u>	
			Florida	四岛	<u>.</u>
		City	rioriud	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.

Aleksandr Sorsker

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	MELASHCHENKO. EVGENY	900 N. FEDERAL HWY., STE 306	
		HALLANDALE, FL 33009	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Change
			□Remove
			□Add
			□Remove
			©Change
			dbA⊡
			□Remove
			Change

If the 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's affective date on the Department of State's records. 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 day of the filed.	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 to dis filed. 108/05	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 605.0 ote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed boument's effective date on the Department of State's records. The decord 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 date of the day after the day after the date of			
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