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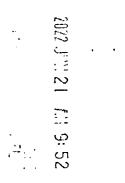
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| (Bu | siness Entity Nan | ne) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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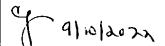
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COVER LETTER

| TO: Registration Se Division of Cor | | ٠., | |
|--|---|---|--|
| GOLD PLI | JS789 LLC | • | : |
| SUBJECT: | Name of Limi | ted Linbility Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | VAN NGUYEN | | |
| | | Name of Person | |
| | TAX & PAYRÖLL SOLU | TIONS LLC | |
| | | Firm/Company | ****** |
| | 15250 S TAMIAMI TRL S | STE 111 | |
| | · · · · · · · · · · · · · · · · · · · | Address | |
| | FORT MYERS FL 33908 | | |
| | van4872@aol.com | City/State and Zip Code | |
| | | to be used for future annual report noti | fication) |
| For further information of | concerning this matter, please c | all: | |
| VAN NGUYEN | | 239 2434003 | |
| Name | of Person | af () Area Code Daytim | c Felephone Number |
| Enclosed is a check for t | the following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 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 Addra Registration | | <u>Street Address:</u> Registration Se | ection |
| ~ | Corporations | Division of Co | rporations |
| P.O. Box 63 | | The Centre of | l'allahassee |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 11 21 51 0.52

| GOLD PLUS789 LLC | | | | 4. ET 141 J. J. |
|--|--|--|-----------------------------|--------------------|
| (Name of the Limit | ed Liability Compa (A Florida Limited I | ny as it now appears o Liability Company) | n our records.) | ' |
| he Articles of Organization for this Limited L lorida document number 1.22000177487 | iability Company | were filed on $\frac{04/13}{}$ | /2022 | and assigned |
| his amendment is submitted to amend the follo | owing: | | | |
| a. If amending name, enter the new name o | f the limited liab | ility company here | ŗ. | |
| he new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the desi | gnation "LI.C" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 470 W HILLSBOR | RO BLVD | |
| | | DEERFIELD BEA | ACH FL 33441 | |
| Enter new muiling address, if applicable: | | 470 W HILLSBO | RO BLVD | |
| (Mailing address MAY BE A POST OFFICE BOX) | | DEERFIELD BEA | ACH FL 33441 | |
| B. If amending the registered agent and/or agent and/or the new registered office address: New Registered Office Address: | | ETCHARAT | ords, <u>enter the name</u> | of the new regist |
| THE TOSINETOS CHICA CHIMICAN | | Enter Florid | la street address | |
| | DEERFIELD | | , Florida ³³⁴ | 41 |
| | | 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.

Mees Westony 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 | ROJRATTANAANGKUL,RATCHAY | ADA 21045 NE 4TH CT | □Add |
| | | MIAMI FL 33179 | ≅Remove |
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| Mective date, if other than t | he date of filing; | (option date of filing or more than 90 days after fi | nal) |
| vote: If the date inserted in this | block does not meet the applicable | e statutory filing requirements, this of | date will not be listed as i |
| locument's effective date on the | Department of State's records. | | |
| | | | |
| record specifies a delayed effec d is filed. | tive date, but not an effective time | , at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| | | | |
| | | | |
| 06/14 | 2022 | | |
| Pated 06/14 | | | |
| Dated 06/14 \(\lambda \cappa \) | | | |
|)ated <u>06/14</u> | | ed representative of a member | · |

Filing Fee: \$25.00