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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | Filing Officer: | |
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| TO: | | | | | |
|------------------------|---|---------------------------------|---|---|--|
| CUD IE7 | GOLD ENT | TERTAINMENT LLC | | | |
| 2011/20 | <u> </u> | Name of Lim | ited Liability Company | | |
| | | | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | |
| | | Estarling E Nunez | | | |
| | | - | Name of Person | · | |
| GOLD ENTERTAINMENT LLC | | | | | |
| | | Firm/Company | | | |
| | | 11131 ROYAL PALM BL | VD Apt 16 | | |
| | | | Address | | |
| | | CORAL SPRINGS FL 330 | 065 | | |
| | | starlingnunez7@gmail.com | City/State and Zip Code | | |
| | | | to be used for future annual report notif | ing: of Person ompany dress Ind Zip Code future annual report notification) 54 592-8629 ea Code Daytime Telephone Number O Filing Fee & S60.00 Filing Fee. Ted Copy Certificate of Status & | |
| For furth | ier information c | oncerning this matter, please c | all: | | |
| Estarling | g E Nunez | | 954 592-8629 at () | | |
| | Division of Corporations GOLD ENTERTAINMENT LLC Name of Lim he enclosed Articles of Amendment and fee(s) are subsease return all correspondence concerning this matter Estarling E Nunez GOLD ENTERTAINMEN H131 ROYAL PALM BL CORAL SPRINGS FL 336 starlingnunez7@gmail.com | | : Telephone Number | | |
| Enclosed | d is a check for th | ne following amount: | | | |
| ■ \$25 | .00 Filing Fee | | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy | |
| | | | | | |

Mailing 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GOLD ENTERTAINMENT 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 Compa | ny were filed on 05/11/2022 | and assigned |
|---|--|---|
| Florida document number 05/11/2022 | | - |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "ELC" 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 agent and/or the new registered office address here: | address on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | wing: the limited liability company here: ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." the: f ADDRESS) gistered office address on our records, enter the name of the new registered here: Enter Florida street address Florida City Zip Code gistered Agent: agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and greed agent as provided for in Chapter 605. F.S. Or, if this document is gistered office address. I hereby confirm that the limited liability. | |
| | Florid: | a |
| | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | | |
| provisions of an statutes relative to the proper and complete accept the obligations of my position as registered agent as | ? performance of my duties, and L provided for in Chapter 605 F S | am familiar with and Or-if this document is |
| | | |

If Changing Registered Agent, Signature of New Registered Agent

• DocuSign Envelope ID: 18DC6972-38D9-4F72-8979-06CFF97E1524
IT 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 |
|--------------|-------------------|------------------------------|----------------|
| MGR | Estarling E Nunez | 11131 ROYAL PALM BLVD Apt 16 | = Add |
| | | CORAL SPRINGS FL 33065 | _ |
| | | | □Change |
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| <u>Note:</u> If the date | of other than the data is listed, the date must be inserted in this block tive date on the Department. | does not meet | t the applicat | date of filing o ole statutory fi | r more than 90 ling requirem | (optional) days after filing ents, this date | .) Pursuant to 605 will not be liste | .0207 ed as |
| record specifies I is filed. | a delayed effective da | te, but not an | effective tim | e, at 12:01 a.i | n. on the earl | er of: (b) Th | ie 90th day aftei | r the |
| 06/06 ated | | 2 | 2022 | | | | | |
| | | | DocuSigne | • | | | | |
| | Sigi | ature of a men | Estarlia observation | A Murez | ive of a membe | r | | |
| | 3.6. | | Astracting | | | | | |
| | ing E Nunez | | | | | | | |

Filing Fee: \$25.00