## L22000237206

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		
SUBJECT:	Golden Ga Name of Lim	te Housing LLC 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:	
		Alex F. Rios Name of Person	
	<u> </u>	Sate Housing LLC_	<u></u>
	579 N.S	State Rd 7 Address	
	Royal	Palm Beach, FL 334 City/State and Zip Code	11
	investments E-mail address: (	10 be used for future annual report no	ification)
For further information of	concerning this matter, please c	all:	
Alex F.	Rios f Person	at ( <u>561</u> ) <u>460°</u> Area Code Daytin	1494 ne Telephone Number
Enclosed is a check for t	-		
\$25.00 Filing Fee	□ \$30.00 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 Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	e Housing LLC
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on o5/20/2022 and assigned
Florida document number <u>L22000237206</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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	2
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ce address on our records, enter the name of the new regist
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new regist</u>
	ice address on our records, <u>enter the name of the new regist</u>
ngent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Enter Florida street address

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

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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
MGR	Hugo Berrio	579 NState Rd 7, Royal Polm Beach, F 33411	<u>L</u> □Add
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		<del></del>	□Remove
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