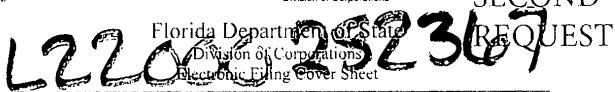
7/11/22, 10:53 AM

Division of Corporations



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(((H22000235083 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980 Fax Number : (786)713-1940

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GOLDGHI LLC**

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From: TAXLEAF.COM CONTADORMIAMI.

H22000235083 3

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

GOLDGHI	LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on dity Company)	our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	06/21/2022	and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	ntion "LLC" ur the ab	breviation "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)				
		670	= ==	
			22	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	lress on our recor	ds, <u>enter the nam</u>	e of the ne	w registered
Name of New Registered Agent:	·			, 🗇
New Registered Office Address:			1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>ب</u>
	Enter Florida si	reet address		3
		, Florida	Zın Code	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my wided for in Chap	duties, and Lam J ter 605, F.S. Or,	familiar wi if this doci	th and ument is

If Changing Registered Agent, Signature of New Registered Agent

2022-07-22 16:35:46 GMT 17867131940

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	GHIGGI, PATRICIA	17301 BISCAYNE BLVD APT 2306	□Add
		AVENTURA, FL 33160	Remove
			☑Change
			Remove
			Change
			\ _Add
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te: If the d	e, if other than the date of ate is listed, the date must be specif late inserted in this block does Tective date on the Departmen	not meet the applicable	date of filing or more the statutory filing rec	optiona var. 90 days after filir quirements, this da	l) g.) Pursuant to 605.02 te will not be listed
ecord specit is filed.	ies a delayed effective date, bu	it not an effective time	s, at 12:01 a.m. on th	ne earlier of; (b) = 7	The 90th day after th
	JUNE 27TH				
ted	 -				
ted		MARJA B	PETRANO		