L23000013102

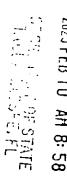
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

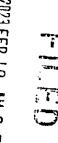




700402196967

50 100 03--011100--010 ••50,00





COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Co	rporations			
SUBJECT: Q-Olde	nhands Enterpr Name of Lim	18 C L L (, ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Sierra Roi	Name of Person		
	Goldenhands	S Entroprise LL Firm/Company	<u> </u>	
Sierra	3001 Alon Winter Po InfoO Golde E-mail address: (a	Address City/State and Zip Code City/State and Zip Code to be used for future annual report noticall: at (407) 757	OF STATE GENTALE GE	
Enclosed is a check for t	he following amount:			
□ \$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		Street Address:	ction	

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goldenhands Enter Pr	y as it now appears on our records.)
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on $1-S-3033$ and assigned
Florida document number $L23000[3102]$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	20Z
Enter new mailing address, if applicable:	C
· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
3. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	izuer rioriaa sireei aaaress
	, Florida
	City Zin 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.

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 **Address Type of Action Title** Name 419 Brightview Dr Lake mary fi 32746 Sierra Royal □Remove □ Change □ Remove □ Change \square Add Remove Add € ☐ Change \square Add □ Remove □Change □Remove

_____ Change

	ase up)date	the	OWNE	α s	itional sheets,		al		-
DIC_	ease c	add E	<u> </u>	num	ber (72-15	758)	<u>'</u>		•
		· · · · · · · · · · · · · · · · · · ·	- 1 - 2 - 2 							
										-
									, ,	-
***		<u> </u>								
										-
	-,					*				
										-
										_
				-						-
						,				•
										-
						·-				-
			 							•
						·				
										•
	ate, if other th						(optiona			•
an effective Note: If the	date is listed, the date inserted in	date must be spec this block doe	ific and cannot not meet t	he applicable			ys after filin	ig.) Pursua		
an effective Note: If the	date is listed, the	date must be spec this block doe	ific and cannot not meet t	he applicable			ys after filin	ig.) Pursua		
an effective Note: If the ocument's record spec	date is listed, the date inserted in	date must be spec this block doe n the Departme	ific and cannot not meet to the state?	he applicable s records.	e statutory fil	ing requiremen	ys after filin its, this dat	ig.) Pursua	ot be list day afte	ed as t
an effective Note: If the locument's	date is listed, the date inserted in effective date of	date must be spec this block doe n the Departme	ific and cannot not meet to the state?	he applicable s records.	e statutory fil	ing requiremen	ys after filin its, this dat	ng.) Pursua te will no	ot be list day afte	ed as t
fan effective Note: If the locument's record spec d is filed.	date is listed, the date inserted in effective date of cifies a delayed	date must be speci this block doe in the Departme effective date, b	ific and cannot not meet to the state?	he applicable s records.	e statutory fil	ing requiremen	ys after filin its, this dat	ng.) Pursua te will no	day, afte	ed as t
fan effective Note: If the locument's record spec d is filed.	date is listed, the date inserted in effective date of cifies a delayed debut of the bull	date must be special this block does in the Department of the Depa	ific and cannot so not meet to the of State's out not an ef	he applicable s records.	e statutory fil	ing requiremen	ys after filin its, this dat	ng.) Pursua te will no	day, afte	ed as t
fan effective Note: If the locument's record spec d is filed.	date is listed, the date inserted in effective date of cifies a delayed debut of the bull	date must be special this block does in the Department of the Depa	eific and cannot so not meet to ent of State's	he applicable is records. Frective time	e statutory fil , at 12:01 a.m	ing requiremen	ys after filin its, this dat	ge.) Pursua te will no	day, afte	ed as t