

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

Office Use Only



400428653824

05/02/24-+01004--025 **25.00

FILED
2024 MAY -2 PH 12: 22

LLC Articles of Amendment Filing

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

May 18, 2021

Please find enclosed duplicates of the Articles of Amendment for JAK's Beer Distributor LLC, a domestic Limited Liability Company.

Please file the enclosed Articles of Amendment and return a file-stamped copy or Proof of Filing to the below address in the enclosed SASE.

Payment for the required fees is enclosed (\$25.00 to the Department of State).

If you have any questions or concerns, please do not hesitate to contact us.

Thank you for your cooperation and assistance.

Sincerely,

The Client Services Team MyCompany Works, Inc. 187 E. Warm Springs Rd., Ste. B Las Vegas, NV 89119

Phone: 702-362-2677 Fax: 702-825-2581

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAK's Beer Distributor 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 Company were filed on $\frac{02/12/2023}{12}$ and assigned Florida document number <u>1.23000079419</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Goldsmith98 Ventures LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 rentoved from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | \ \ \ \ \ \ |
| | | | □Remove |
| | | | □ Change |

| | | | | |
|--|--|------------------------------|---|---|
| | <u> </u> | | | |
| | | | | |
| _ | | | | |
| _ | | | | |
| | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | | | | |
| _ | ······································ | . | | · • • • · · · · · · · · · · · · · · · · |
| _ | | <u> </u> | | |
| | | | | |
| | | | | |
| | | | | |
| | | ······· | | |
| _ | | | | <u> </u> |
| | | | | |
| | | | | |
| | f the date inserted in this block of | does not meet the applicabl | date of filing or more than 90 days after file statutory filing requirements, this of | i al) ling.) Pursuant to 605.0207 (late will not be listed as t |
| <u>Note:</u> If | nt's effective date on the Depart | ment of State's records. | | |
| Note: If documer e record | specifies a delayed effective date | | e, at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| Note: If documer e record rd is filed | specifies a delayed effective dated. | e, but not an effective time | | The 90th day after the |
| Note: If documer e record rd is filed | specifies a delayed effective dated. April, 19th /s/ Michael Goldsmith | e, but not an effective time | | The 90th day after the |
| Note: If documer e record rd is filed | specifies a delayed effective dated. April, 19th /s/ Michael Goldsmith | e, but not an effective time | | The 90th day after the |