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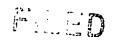
C/ 3/10/2023

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Med	Cagold LLC	
<u>-</u>	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	i to
		Melia bold Firm/Company	
		UU W COII 10	1 AVE
		City/State and Mp Code	
	E-mail address: (Cdin (1 1 1 1 1 Q gmm) to be used for future annual report not	ilication)
For further information c	oncerning this matter, please c	all:	
Name o	Levi to	at (<u>305</u>) <u>319 ~</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 1 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



media Gold	()(.	2023 MAR 10 PM 4:41
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	TALLAMASSEE, FI
The Articles of Organization for this Limited Liability Company		
Florida document number	,	- /
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation	n"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
	1	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	гар саме
I hereby accept the appointment as registered agent and agree		. I forther agree to comply with the
r nereny accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
company has been notified in writing of this change.	according the conjugation	

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 removed from our records:

MGR = Manager 'AMBR.= Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
` 	· · · · · · · · · · · · · · · · · · ·		dd
			□Remove
			□Change
AMBR	Marlo Levito	Tallahassee FL 32301	19/Add
	Tallahouser FL 32301	□Remove	
		□Change	
			🗆 Add
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	<u> </u>
<u>vote:</u> If t	date, if other than the date of filing:
record sp l is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	03/10/22
	Signature of a member or authorized representative of a member
	Mocco Levito Typed or printed name of signee

Filing Fee: \$25.00