L23000 184262

(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:					
J. HORNE					
J. HORNE JUL - 6 2023					

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

174 Ranger's Rinning - Thom leville GA 8/00

Gold Wizards LLC			- ' -		
Please Debit FCA00	0000003 For: 2	5			
Thank you Seth Nee	elev		<u></u>		_
Staff				Art of Inc. File LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
				Merger File	
				Art. of Amend. File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cerl. Copy	
				Photo Copy	•
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	
,				Officer Search	
1	7/			Fictitious Search	
Simon				Fictitious Owner Search	
Signature				Vehicle Search	
		_	·	Driving Record	
Requested by: SETH	07/05/2023			UCC 1 or 3 File	
				UCC 11 Search	
Name	Date	Time		UCC Retrieval	
Walk-In	Will Pick Up	· <u> </u>		Courier	

COVER LETTER

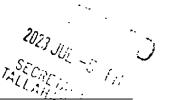
	istration Se ision of Cor				
SHRIVET	GOLD WI	ZARDS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		David Svec			
			Name of Person		
		Main Street Holdings LLC			
			Firm/Company		
		3941 TAMIAMI TRL STI	E 3157 #76		
			Address		
		Punta Gorda, FL 33950			
		dave@mainstreetholdngs.ne	City/State and Zip Code		
		-	to be used for future annual r	eport notification)	
For further in	formation c	oncerning this matter, please ca	all:		
David Svec -	Authorized	Consultant	323 363 at ()	-6455	
Name of Person		Area Code	Daytime Teleph	one Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi	iling 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)
	ling Addres		Street Ad		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GOLD WIZARDS 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 Con	mpany were filed on $\frac{04-13}{}$	2023 and assigned
Florida document number L23000184282	-•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
Non-Bridge and AssessMatter and the Lorentz Bridge A	•	Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my ent as provided for in Chap	duties, and I am familiar with and ster 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Technology Holdings, LLC	4403 US HIGHWAY I	□Add
		FORT PIERCE, FL 34982	Remove
			□Change
	Technology Holding Group, LLC	TECHNOLOGY HOLDING GROUP, LLC	≣Add
		1309 Coffeen Avenue STE 5592	Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	block does not meet	the applicable s	of filing or more to	(option than 90 days after fi quirements, this o	nal) lling.) Pursuant to 6 date will not be li	05.0207 isted as
	ctive date, but not an e	ffective time, a	. 12:01 a.m. on th	ne earlier of: (b)	The 90th day at	ter the
cord specifies a delayed effects filed.						
s filed.	20	023				
s filed. ed						
s filed. ed)aud A. Swa Signature of a memb		representative of a	member		

Filing Fee: \$25.00

COVER LETTER

TO: Registration Se Division of Con					
	ZARDS LLC				
SUBJECT:Name of Limited 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:			
	David Svec				
		Name of Person			
	Main Street Holdings LLC				
		Firm/Company			
	3941 TAMIAMI TRL STE 3157 #76				
		Address			
	Punta Gorda, FL 33950				
		City/State and Zip Code			
	dave@mainstreetholdngs.n	et to be used for future annual report no	(Markettan)		
For further information c	concerning this matter, please c	•	(meation)		
David Svec - Authorized	l Consultant	323 363-6455			
Name of Person			me Telephone Number		
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:	ection		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303