Note: Please print this page and use it as a cover sheet. Type the fax audit number,

(shown below) on the top and bottom of all pages of the document.

(((H23000211707 3)))



H230002117073ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

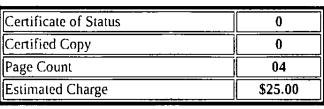
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number (855) 330 - 1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | |
|-------|----------|--|--|
| | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLDEN AXE CAPITAL VENTURES LLC



Electronic Filing Menu Corporate Filing Menu

HelpT. LEMIEUX JUN 1 4 2023

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

÷

GOLDEN AXE CAPITAL VENTURES LLC
(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limited L | nability Compan | iy) | |
|---|-------------------------------|--|--|
| The Articles of Organization for this Limited Liability Company | were filed on | 04/26/2023 | and assigned |
| Florida document number <u>L23000207471</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company | here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," th | ne designation "LLC" or | the abbreviation "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) | | | 22 |
| | | ······ | |
| | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on ou | r records, enter the | name of the new registered |
| agent and/of the new registered office address here. | | | TH |
| | | | ش |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | <u> </u> | · |
| | Enter Florida street address | | |
| | , Florida City Zip Code | | |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre 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 company has been notified in writing of this change. | performance provided for i | of my duties, and I n Chapter 605, F.S. | am familiar with and . Or, if this document is |
| | ging Registered | Agent, Signature of Ne | w 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> | Name | Address | Type of Action |
|--------------|---------------|---------------------------------------|----------------|
| AMBR | Anne R Hodges | 7901 4TH ST N STE 300 | |
| | | ST. PETERSBURG, FL 33702 | □Remove |
| | | | □Change |
| | | | □Add |
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| | | | □Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated June 12 Robin Jones Typed or printed name of signee

Filing Fee: \$25.00