L23000280187

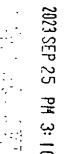
(Req	uestor's Name)	
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(City,	/State/Zip/Phone	e # <i>)</i>
PICK-UP	WAIT	MAIL
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Special Instructions to F	iling Officer:	

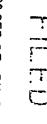
Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			•
	GOLDEN I	FORCE LLC	×	
SUBJE	CT:			
		Name of Lim	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Miguel Cesar Iturrieta		
			Name of Person	
		GOLDEN FORCE LLC		
			Firm/Company	
		5250 NW 84TH AVENUE	APT 1107	
			Address	
		DORAL FLORIDA 33166		
		eiturrieta9@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For furt	her information c	oncerning this matter, please c	all:	
	Cesar Iturrieta	Ş	+1 78679274	7]
Ü			at ()	
	Name o	f Person		time Telephone Number
Enclose	ed is a check for the	ne following amount:		
■ \$25	5.00 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		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I L23000280187	Liability Company were filed on	5/09/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:		 .
Principal office address MUST BE A STRE	ET ADDRESS)		
Inter new mailing address, if applicable:		. • 5	F 2023 SEP
Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		25
		2) (1)** (1)**	PR III
3. If amending the registered agent and/or gent and/or the new registered office addre		records, enter the name of	
Name of New Registered Agent:	Miguel Cesar Iturrieta		
New Registered Office Address:	5250 NW 84TH AVENUE APT 1	107	
then Registered Office Address.	Enter Flo	orida street address	
	DORAL	, Florida ³³¹⁶⁶	
	City		ip Code

New Registered Agent's Signature, if changing Registered Agent:

GOLDEN FORCE LLC

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Agistered 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
MGR	Miguel Cesar Iturrieta	5250 NW 84TH AVENUE APT 1107	
			■Add
		Doral, Florida 33166	
			□Remove
			□Change
MGR	Luciana Iturrieta	5250 NW 84TH AVENUE APT 1107	Lichange
			= Add
		Doral, Florida 33166	
			□Remove
		 	Change
MGR	Sandra Claudia Sisca	5250 NW 84TH AVENUE APT 1107	~
		Doral, Florida 33166	
		Dolar, Florida 5,5100	□Remove
			□Change
MGR	Esteban Iturrieta	5250 NW 84TH AVENUE APT 1107	
			□Add
		Doral, Florida 33166	
			= Remove
			□Change
			Cominge
			□Add
			□Remove
			_
			□Change
			□Add
			OAGG
			□Remove
			
			□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. September 19 2023 Dated

signature of a member or authorized representative of a member

ESTEBAN ITURRIETA

Typed or printed name of signce