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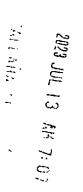
(Requ	uestor's Name)	
(Addr	ess)	·
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(City/:	State/Zip/Phone	e #)
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Special Instructions to Fil	ling Officer:	- ,





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COVER LETTER

	gistration Sec vision of Corp		•	•
SUBJECT:	GOLD RAI	N MARKETING LLC		
SOBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	idence concerning this matter	to the following:	
		MIGUEL M MENDOZA		
			Name of Person	
			Firm/Company	
		1139 TIMBERBEND CIR	CLE	
			Address	
		ORLANDO, FL. 32824		
		MGMENDO@AOL.COM	City/State and Zip Code	
			to be used for future annual report noti-	fication)
For further i	nformation co	oncerning this matter, please co	all:	
MIGUEL M MENDOZA		407 407-538-748 at ()	e Telephone Number	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 13 AM 7:07 GOLD RAIN MARKETING LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number 900410573669 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 14326 HUNTCLIFF PARKWAY Enter new mailing address, if applicable: ORLANDO, FL. 32824 (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.

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Tective date, if other than a neffective date is listed, the date ite. If the date inserted in this cument's effective date on the	must be specific a s block does not	nd cannot be prior to meet the applicat	date of filing or	more than 90 days ing requirements	after filing.) Purst	ant to 605.020 ot be listed a
ecord specifies a delayed effe s filed.	ctive date, but no	ot an effective tim	ie, at 12:01 a.m	, on the earlier o	of: (b) The 90th	day after the
ed		2023	_ ·			
	MIQUE Signature of	E. Reny 1 a member or author	F6 Seized representati	ENVANO ve of a member		
		vi oi uninoi.				

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
			□Add
		-	Remove
			Change
			□Remove
			□Change
			□Remove
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