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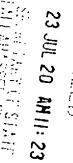
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
AUG 17 2023
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Office Use Only



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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corpo	orations		
subject: Golden	Tarpon Social C Name of Limi	ted Liability Company	<del>*</del>
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Nicole Per	Name of Person	
	Golden Tayou	Social Club, LC Firm/Company	<u> </u>
	2995 Veda	30 St. Address	
	North Port,	FL 347.86 City/State and Zip Code	
	Hubby 314 (	O be used for future annual report notif	fication)
For further information cor	ncerning this matter, please ca	dl:	
Nicole Pety Name of I	Person	at (941) 391.  Area Code Daytime	- 113 o e Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address:</u> Registration Se		Street Address: Registration Sec	ction
Division of Co	rporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	FILE			
)F	23 JUI 32 ED			
any as it now appears of Liability Company)	23 JUL 20 AM II: 21			
were filed ona	30/23 and assigned			
oility company here	:			
ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."			
2886 TI	Amiami Trail Suite 4			
Part Chan	otte, FL. 33957			
2995 Ve	Jado st.			
	t, FL. 34286			
address on our reco	ords, <u>enter the name of the new register</u>			
New Registered Office Address:  Enter Florida street address				
Enter Florida	i street address			
Enter Floride				
Enter Florida City	ı street address, Florida Zip Code			
,	2886 To Port Chan 2995 Yea North Por-			

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.

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>	<u>Address</u>	Type of Action
MGR	Petrillo, Albert	2995 Vedado St. North Port	FL XAdd
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fan effe <b>Note:</b> T	ve date, if other than the date of filing:	)207 d as
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after red.	the
Dated _	July 18, 2023	
	Signature of a member or authorized representative of a member	