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COVER LETTER

	Registration Se Division of Cor					
eun ir ca		GOLD, LLC				
SUBJECT	1:	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rett	am all correspo	ondence concerning this matter	to the following:			
		LEYLA N CHACON				
			Name of Person			
		PROFESSIONAL SERVI	CES A&S INC			
		Firm/Company 12980 POSITANO CIR #107				
			Address			
		NAPLES, FL 34105				
		City/State and Zip Code				
		PROFESSIONALSERVIC	717			
		E-mail address: (to be used for future annual report noti	fication)		
For further	r information c	concerning this matter, please c	all:			
LEYLA N CHACON		786 212-6833				
	Name o	f Person		e Telephone Number		
Enclosed i	s a check for th	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)		
	lailing Addres Registration S		Street Address: Registration Se	ction		
Registration Section Division of Corporations		Division of Corporations				
P	P.O. Box 632	27	The Centre of T	fallahassee		
Т	Tallahassee T	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTENSE GOLD, LLC					
(Name of the Limite	ed Liability Compa (A Florida Limited	any as it now <mark>appears on our rec</mark> Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company were filed on 09/13/2023 Florida document number 1.23000426417					
his amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "I	l.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		8048 DANCING WIND LI	4		
Principal office address MUST BE A STREET ADDRESS)		#1303	20		
		NAPLES, FL 34119	2024 JUN		
Inter new mailing address, if applicable:		P.O. BOX 110997	19		
Mailing address MAY BE A POST OFFICE BOX)		NAPLES, FL 34108	SE P		
			: S		
			- TE 2		
If amending the registered agent and/or regent and/or the new registered office addres	•	address on our records, <u>en</u>	ter the name of the new regist		
cent and of the new registered vince uddress	N HELL C.				
Name of New Registered Agent:					
New Registered Office Address:	8048 DANCIN	G WIND LN #1303			
		Enter Florida street add	dress		
	NAPLES		Florida 34119		
		City	Zip Code		

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.

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

Title	<u>Name</u>	Address	Type of Action
MGR	DIAZ, MIGUEL J	8048 DANCING WIND LN	□Add
		#1303	□Remove
		NAPLES, FL 34119	
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□ Add
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fective date, if other than					ptional)	
in effective date is fisted, the date ote: If the date inserted in th						
ocument's effective date on the				ing requirements,	this date will not be in	aicu as i
ecord specifies a delayed effe	ective date, but no	t an effective ti	me, at 12:01 a.m	on the earlier of	(b) The 90th day aft	ter the
is filed.	·		,		•	
MAY 8TH		2024				
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H) 9ve	member or autho	iAt			

Typed or printed name of signee