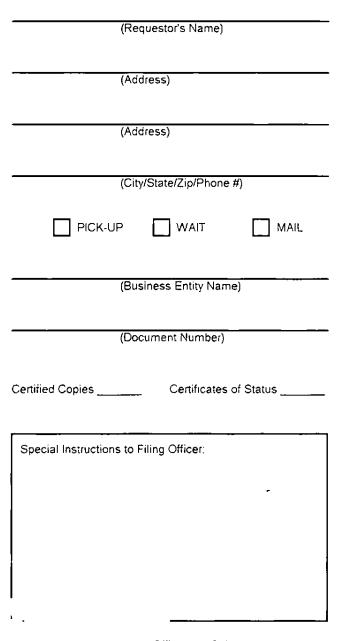
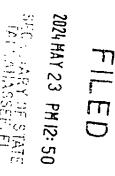
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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** GOLDEN TREASURE FINDERS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DANIELLE T WINCHESTER Name of Person GOLDEN TREASURE FINDERS LLC Firm/Company 224 WEST 13TH STREET Address APOPKA FL 32703 City/State and Zip Code DANIELLEWINCHESTER@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELLE Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$55.00 Filing Fee & S25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN TREASURE FINDERS				
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on ou Liability Company)	r rec <u>ords.</u> )	
The Articles of Organization for this Limited I		were filed on <u>10/23.202</u>	3	_ and assigned
lorida document number L23000484896				
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name of	of the limited liah	ility company here:		
HE PEOPLE'S ASSET RECOVERY LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME		
		<u> </u>		2021
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3. If amending the registered agent and/or	registered office	address on our records	ہے: : enter the name	ා of teenew registe
gent and/or the new registered office addre				
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			
	<u> </u>	Enter Florida stre	et address	
			. Florida	
	-	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 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

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CC. adiana s	lasa (Cashaw	than the date	a af Glimur				(optio	nal)	
an effective lote: If th	e date is listed, t le date inserted	he date must be s	pecific and ca loes not mee	innot be prior et the applic	to date of fili able statutor	ng or more than	90 days after t	iling.) Pursuant to date will not be	o 605.0207 ( e listed as t
record spe l is filed.	ecifies a delay	ed effective dat	e, but not an	n effective t	ime, at 12:01	a.m. on the	earlier of: (b)	The 90th day	after the
ated		elle Wir	·.	· <b>-</b>	·				
	<b>b</b> 10	161.16	1/201	10/21					
	Man	Me C	ature of a me	mber or auth	orized renrese	ntative of a me	mber	···	_

Filing Fee: \$25.00