## L23000500825

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(Address)
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(Document Number)
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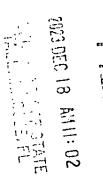
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## **COVER LETTER**

TO: Registration S Division of Co					
	GOLD USA LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	LUISA SANCHEZ				
		Name of Person			
LS ACCOUNTING & TAX SERVICES					
Firm/Company					
16831 NE 15TH AVE					
	Address				
	NORTH MIAMI BEACH, FL 33162				
	LUISA.SANCHEZ@ATT.	City/State and Zip Code NET			
	E-mail address: (	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:		232	
LUISA SANCHEZ		305 205-4203 at ()		2923 DEC 18	-
Name c	of Person	Area Code Daytime	Telephone Number	(3)	الله عمر . المعادم المعادم المعادم
Enclosed is a check for t	he following amount:			AM II: 02	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

LIQUID GOLD USA LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reco nted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000500825</u> .	pany were filed on 11/03/2023	and assigned
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 I	Liability Company," the designation "Li	LC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, ente	er the name of the new registered
		10°5
Name of New Registered Agent:		
New Registered Office Address:		: 02 FATE FL
	Enter Florida street addr	7850
		Florida
	Ciŷ:	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

Title	Name	Address	Type of Action
MGR	NICOLAS CANGI	7135 COLLINS AVE # 1016	_ ∃Add
		MIAMI BEACH, FL 33141	_ <b>≡</b> Remove
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			_ □Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cann e: If the date inserted in this block does not meet t	ot be prior to date	of filing or more than	90 days after filing.	) Pursuamito	6 <b>5</b> 02
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	s records.				
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Typed or printed name of signee