Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000026430 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 Phone : (407)745-1112 Fax Number : (407)641-8083

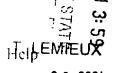
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SILVIA@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLD CAPITAL INVESTMENTS LLC

Certificate of Status	0
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JAN 22 2024

TO:

Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: EXPAT CONSULTING

COVER LETTER

Division of Cor	porations		
	PITAL INVESTMENTS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The second of the second of the second		militari Con Cilian	
	Amendment and fee(s) are sub-		
Please return all correspo	ondence concerning this matter	to the following:	
	SILVIA FREGNI		
		Name of Person	
	EXPAT CONSULTING C	OR P	
		Firm/Company	
	8615 COMMODITY CIR.	ST 11	-
		Address	
	ORLANDO - FL - 32819		
		City/State and Zip Code	
	SILVIA@EXPATCONSUL		
	E-mail addr ess: ()	to be used for future annual report notificati	on)
For further information c	oncerning this matter, please co	all:	
SILVIA FREGNI		407 745.1112	
Name o	f Person	at ()	ephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
MailingAddres Registration 9 Division of C	Section Corporations	StreetAddress: Registration Section Division of Corpora	ations
P.O. Box 632	. /	The Centre of Talla	massee

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD CAPITAL INVESTMENTS LLC	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company villorida document number <u>L24000021568</u> .	were filed on 01/09/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
******	Florida
New Registered Agent's Signature, if changing Registered Agent:	City %Co.D2
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is 1

To: SUNBIZ Page: 7 of 8 2024-01-19 16 24:29 GMT 14076418083 From: EXPAT CONSULTING

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
MGRM	K.GITIRANA DOURADO, IORRANA	1920 COMPASS FLOWER WAY	□Add
		OCOEE, FL 34761	□Remove
			□Add
			□Remove
			Change
			□Add
		□Remove	
			□Change
			□Add
		□Remove	
		□ Change	
		□Add	
			□Remove
			□Change
			\ \ \ \ _Add
			Remove
			□ Chomos

From: EXPAT CONSULTING

	CORRECT THE NAME OF THE MEMBER:
	K.GITIRANA DOURADO, IORRANA
(If an et Note:	five date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	ORLANDO, JANUARY 19 . 2024

Typed or printed name of signee