

L24/000 263459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

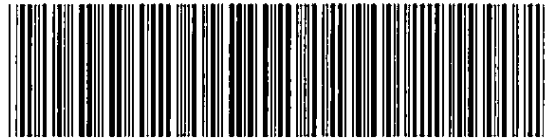
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900432053289

2013-01-14-015 44/25/07

RECEIVED
JAN 15 PM 2:48
TALLAHASSEE, FL

W. HUNT
2/25/24

State of Florida
Department of State

I certify the attached is a true and correct copy of the Articles of Organization of GOLDEN MILE L.L.C., a limited liability company organized under the laws of the state of Florida, filed electronically on June 10, 2024 effective June 10, 2024, as shown by the records of this office.

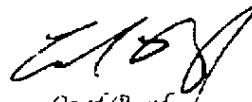
I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is 1.24000263459.

Authentication Code: 240613082527-000431324480#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of June, 2024




Cord Byrd
Secretary of State

State of Florida

Department of State

I certify from the records of this office that GOLDEN MILE LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on June 10, 2024, effective June 10, 2024.

The document number of this company is L24000263459.

I further certify that said company has paid all fees due this office through December 31, 2024, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 240613082527-000431324480#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of June, 2024




Cord Byrd

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: GOLDEN MILE LLC

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:

Alexander Rodriguez Beovides

Name of Person

Firm/Company

197 SUNSHINE BLVD , POLK CITY FL 33868

Address

POLK CITY FL 33868

City/State and Zip Code

dreamproperties2@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Rodriguez Beovides

863

316-0110

at ()

Name of Person

Area Code

Daytime Telephone Number

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL

JUN 25 PM 2:48

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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GOLDEN MILE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 10 2024 and assigned Florida document number 1.24000263459.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOLDEN MILE TRANSPORTATION LLC

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove

RECEIVED
JAN 2 1998
CLERK OF STATE
TALLAHASSEE, FL

[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 18 2024

Signature of a member or authorized representative of a member

Alexander Rodriguez Brouides
Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L24000263459
FILED 8:00 AM
June 10, 2024
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
GOLDEN MILE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
197 SUNSHINE BLVD
POLK CITY, FL. 33868

The mailing address of the Limited Liability Company is:
197 SUNSHINE BLVD
POLK CITY, FL. 33868

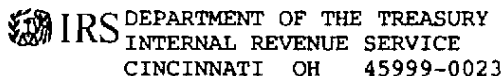
Article III

The name and Florida street address of the registered agent is:
ALEXANDER RODRIGUEZ BEOVIDES
197 SUNSHINE BLVD
POLK CITY, FL. 33868

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ALEXANDER RODRIGUEZ BEOVIDES

2024 JUN 25 PM 2:48
CLERK OF STATE
TALLAHASSEE, FL
30



GOLDEN MILE TRANSPORTATION LLC
GOLDEN MILE
% ALEXANDER RODRIGUEZ SOLE MBR
197 SUNSHINE BLVD
POLK CITY, FL 33868

Date of this notice: 06-17-2024

Employer Identification Number:
99-3560802

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-3560802. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Your Form 2290 becomes due the month after your vehicle is put into use.

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year just issued). *Note: Certain tax classifications*

(IRS USE ONLY) 575B

06-17-2024 GOLD B 999999999 SS-4

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is GOLD. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 06-17-2024
EMPLOYER IDENTIFICATION NUMBER: 99-3560802
FORM: SS-4 NOBOD