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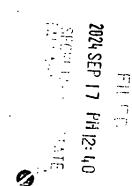
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: <u>6</u>	old lion pair	nting of venic	e LLC	
	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Arle	7 R Soto B Name of Person	aireiro	
		Firm/Company		
	4 291 5	Address	LULNICE	FL 31293
	VENICE	FL 34293 City/State and Zip Code		
		City/State and Zip Code of 1090 6 mail. Com to be used for future annual report notal		
For further information co	oncerning this matter, please c	ali:		
Name o	CD	at () Area Code Daytime	T. J b bl b.	
ivame o	reison	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations 'allahassee e Street, Suite 81	0

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

Gold lion paintin	g of venice LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400322972</u> .	were filed on $\bigcirc \rightarrow /22/2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Gold lion painting of The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	4291 5 TAMIAMI TRAIL
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2024.9 SEED
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
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:	· <i>a</i>
New Registered Office Address:	Enter Florida street 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐Change
			□Add
			□Remove
			□Add
			☐ Remove
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