## 124000354593



| (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



500438490465

**(**-

## **COVER LETTER**

|                         | Name of I                                    | imited Liability Company   |   |
|-------------------------|--|--|---|
| The enclosed Articles   | of Amendment and fee(s) are s                | ubmitted for filing  |   |
| •                       | spondence concerning this matt               |  | ,   |
| ·                       | Refael Rebolledo                             | -  |   |
|                         |  | Name of Person   |   |
|                         | Golden Property Trade L                      | rc .   |   |
|                         |  | Firm/Company   |   |
|                         | 1050 Brickell Ave, apt 20                    | 514  | •   |
|                         |  | Address  |   |
|                         | Miami FL 33131                               |  | · · · · · ·   |
|                         | Rafaelrebolledo68@gmail                      |  |   |
|                         |  | (to be used for future annual report not                           | ification)  |
| For further information | concerning this matter, please of            | call:  |   |
| Carios Torres           | <u> </u>                                     | 818 2322668<br>at ( )  | •   |
| Name                    | of Person                                    |  | e Telephone Number  |
| 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). | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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**

| (Name of the Limited Linkillin   | × C   | <del></del>  |                  |
|--|---|--|------------------|
| (A Florida   | v Company as it now appears on or<br>Limited Liability Company) | r records.)  |                  |
| e Articles of Organization for this Limited Liability Co   | omnany was 61-4 - August-1                                      | 3-2024   |                  |
| orida document number L24000354593   | Shiparry were filed on Transaction                              | and a  | ssigned          |
|  | <del>-</del> -  |  |                  |
| is amendment is submitted to amend the following:  |   | ,  |                  |
| If amending name, enter the new name of the limit  | ed lighility eg   | •  |                  |
| ,  | ca maounty company nere:  |  |                  |
| new name must be distinguishable and contain the words "Limite   | ed Liability Company " the decisions"                           | - w I C  |                  |
| ter new principal offices address, if applicable:  | - un designation  | on the appreviation -[                             | .L.C.            |
|  |   | <u> </u>   |                  |
| incipal office address MUST BE A STREET ADDRE  | <u>:sss)</u>  | •  | <del></del> -    |
|  |   | <del>:</del>                                       | · <del>-</del> · |
|  |   |  |                  |
| er new mailing address, if applicable:   |   |  |                  |
| tiling address MAY BE A POST OFFICE BOX)   | `   |  |                  |
| •  | <u> </u>  | C  | _                |
| (Farmanding air  | •   |  |                  |
| If amending the registered agent and/or registered on<br>the and/or the new registered office address here:  | office address on our records,                                  | enter the name of the new                          | v regist         |
| nere.  |   | . •  |                  |
| Name of New Registered Agent:  | •   |  |                  |
| <del></del>  |   | <u> </u>   |                  |
| New Registered Office Address:   |   | · .  |                  |
|  | Enter Florida street  | address  | <del>-</del>     |
|  |   | Florida  |                  |
| Decision of the control of the contr | City  | Zip Code   |                  |
| Registered Agent's Signature, if changing Registered A   |   |  |                  |
| eby accept the appointment as registered agent and<br>isions of all statutes relative to the proper and comp<br>of the obligations of my position as registered agen   | d agree to act in this capacity                                 | . I further agree to complete and I am familiar in | ly with          |
| ot the obligations of my position as registered agent<br>g filed to merely reflect a change in the registered o  | t as provided for in Chapter (                                  | 605. F.S. Or, if this docu                         | i ana<br>nent is |
| g filed to merely reflect a change in the registered of pany has been notified in writing of this change.  | ffice address. I hereby confir                                  | m that the limited liabilit                        | y                |
|  |   |  |                  |
|  |   |  | •                |

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> | Name .           | <u>Address</u>                              |                |
|--------------|------------------|---|----------------|
| AMBR         | JUAN P REBOLLEDO | •   | Type of Action |
| <del></del>  |                  | 1050 Brickell Ave. apt 2614. Miami FL 33131 | □Add           |
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| BETHES            | SOLE MEMBER OF THE LLC.   | _              |
|-------------------|---|----------------|
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| e: If the date is | f other than the date of filing:  [Sisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 600 inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ive date on the Department of State's records. | i.02<br>ed     |
| cord specifies a  | a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after  |                |
| illed.            | and the carrier of to the your day after  | T Lh           |
| August'27         | 2024  |                |
|                   |   |                |
|                   |   |                |

Filing Fee: \$25.00