(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:
J. HORNE NOV 15 2024

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Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

ORDER FORM

TO Florida Department of State

FROM Me

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 11/14/2024

PRIORITY Regular Approval

OUR REF #_(Order ID#)_ 1317482

ORDER ENTITY ____ GOLD 13 LLC

PLEASE PERFORM THE FOLLOWING SERVICES: GOLD 13 LLC (FL)	
File the attached amendment and provide a certified copy.	
NOTES:\$43.75 Authorized	_

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, November 14, 2024 Page 1 of 1

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

FILED 2024 NOV 14 AM II: 01 会。 在1000年8月度

GOLD 13 LLC

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

(A)	-torida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L24000470431	lity Company were filed on November 6, 2	2024 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
UPPER GOLD LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	V)	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>en</u>	ter the name of the new registe
active actives in the actives in	<u>ore</u> .	
Name of New Registered Agent:		
- · · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida street ad.	dress
-	City	Florida
New Registered Agent's Signature, if changing Regi		
I hereby accept the appointment as registered a	aput and parge to act in this congain.	I fundhan a ann an an an an an an

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
			□Change
			🗆 Add
			□Remove
			□Change
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			Remove
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	ne date of filing:
the record specifies a delayed effecti	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
November 13	2024
ora is thea.	Signature of a member or authorized representative of a member

Filing Fee: \$25.00