## Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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.

(((H100001687063)))



H100001887083ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850)617-63B3

From:

Account Name

: THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

Phone

(813)435-3176

Fax Number

: (013)333-635B

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

Email Address:

LLC AMNO/RESTATE/CORRECT OR M/MG RESIGN AUSPICIOUS INVESTMENT ENTERPRISES, LLC

RECEIVED
10 JUL 30 AH 6: 25
ECRETARY OF STATE

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

S. HAWKES

AUG 2 - 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

## RTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



AUSPICIOUS INVESTMENT ENTERPRISES, 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 Li	mited Liability Company were filed on _	07/29/2010	and assigned
Florida document number L070	000034008		
This amendment is submitted to amend	the following:		
A. If amending name, enter the new	па <u>me of the limited liability comралу</u> )	here:	
	CENTRAL FUND HOLDINGS, L	.LC	
The new name must be distinguishable and 'L.L.C."	end with the words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, i	f applicable:		
Principal office address MUST BE A	STREET ADDRESS)		
•	<u> </u>		
•			
Enter new mailing address, if applica	ble:		
Mailing address MAY BE A POST O	FFICE BOX)		
	P*************************************		
B. If amending the registered ager registered agent and/or the new regist	at and/or registered office address of tered office address here:	a our records, <u>enter th</u>	name of the nev
Name of New Registered Age	nt:		
New Registered Office Addres	ıs:		
		Enter Florida street addre	3.5
· ,		, Florida	
	City		Zip Code
New Registered Agent's Signature, if chi	inging 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manag MGRM = Man	er aging Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add

MUL 30 AM 8: 36

lul 29	201 <u>0 5:11PM NICK</u>	SPRADLIN_		p.4 Remove
				Add Remove
<del></del>				Add Remove
D. Ifam	ending any other information,	enter change(s)	here: (Attach additional sheets, if necessary)	
-				OM 8: 36
Dated	07/29/			A &
	Signature	of a member or a	uthorized representative of a member	<del></del>
	<u> </u>	SPRADLIN A	AUTHORIZED REPRESENTATIVE rinted name of signee	_
			age 2 of 2	
		riling	Fee: \$25.00	