108000056271

(Rec	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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K. SALY EXAMINER MAR 2 8 2012



March 13, 2012

STERLING GOLD MANAGEMENT LLC DAVID LOVE 8895 N MILITARY TR, STE. 104D PALM BEACH GARDENS, FL 33410

SUBJECT: STERLING GOLD MANAGEMENT LLC

Ref. Number: L08000056271

We have received your document for STERLING GOLD MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is an amendment form for your convenience. Please complete the enclosed document and return the complete document to our office with a copy of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 312A00009169

Karen A Saly Regulatory Specialist II

www.sunbiz.org

To whom it may concern;

Please change the name of Sterling Gold Management IIc (L08000056271) to Gold-iras.com LLC

Thank you,

David Love

561-506-3651

COVER LETTER

Division of Co			
SUBJECT: 57			UC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAVIO (Name of Person	
·	8895 N	Firm/Company Military W. Address	STE (010
	Interpretation of Person Total Management UC Name of Limited Liability Company Interpretation of Amendment and fee(s) are submitted for filing. Sturn all correspondence concerning this matter to the following: DAUD LOVE Name of Person Firm/Company SRGS N. M. I. Harry H. STE (011) Address PMA Bleach Grades FL. 33410 City/State and Zip Code E-mail address: (to be used for future annual report notification) The information concerning this matter, please call: MAN Love Name of Person Area Code & Daytime Telephone Number At a check for the following amount:		
For further information	concerning this matter, please ca	ail:	
	of Person	at (<u>888</u> <u>602</u> <u>68</u> Area Code & Daytime T	clephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 MAR /2 AM 10: 16

SECRETARY OF STATE
VALLAHASSEE, FLORIDA

Sterling bold in	, —	TALLAHASSEE, FLORIDA
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recornited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Con Florida document number <u>LO FOOO 56 J-7</u>	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	LC	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Liability Company as it now appears on our records. A Florida Limited Liability Company) iability Company were filed on	
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the new
Name of New Registered Agent:	same	
New Registered Office Address:	5 AM C Enter Florida str	eet address
		

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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>tle</u>	<u>Name</u>	Address	Type of Actio
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If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
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ed	, ,	 .	
	Daren 4	or printed name of signee	
		or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00