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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MR. Gold Boyer UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Howard M. Caplan Name of Person
Mr. Gold Buyer LLC Firm/Company
16169 Biscayne Blud
M. Miami, Ft. 33160 City/State and Zip Code
E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Howard M. Caplan at (305) 944-8922 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square \square \sq

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

Me. Gold Buyer	uc		,, <u>.</u>
(Name of the Limited Liability) (A Florida L	Company as it now appear imited Liability Company)	s on our recorus.)	
The Articles of Organization for this Limited Liability Co. Florida document number		10/13/2008	_and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :	
Me. Gold Buyer The new name must be distinguishable and end with the word	Enterpris	es LLC	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	ny," the designation "LLC	7
Enter new principal offices address, if applicable:		<u>.</u>	<u> </u>
(Principal office address MUST BE A STREET ADDR.	ESS)		
			FLOR FLOR
Enter new mailing address, if applicable:		•	- इति - ध-
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter the	name of the new
Name of New Registered Agent:			
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 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 = M MGRM =	anager Managing Member		
<u>Title</u> .	<u>Name</u>	Address	Type of Action
			□ Remove
			□ <u> </u>
			Remove
			□ kċmove
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			AHE LANGE
P 10			
D. If ame	iding any other information, ent	er change(s) here: (Attach additional sheets, if nece	essary.) Front 4: 37
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			add discovery and the second
	0	44.2	<u></u>
Dated	Opt 29	2012	
	Signature of	a member of authorized representative of a member	
	Hou	Typed or printed name of signee	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00