



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.

((H16000219389 3)))



H160002193893ABC6

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) 617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7033

FILED
16 SEP 14 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALIMENTOS PROCESADOS DEL OLIVO LLC**

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

2016 SEP 14 AM 10:14

TALLAHASSEE, FLORIDA

discl...

H16000219389 3

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

ALIMENTOS PROCESADOS DEL OLIVO 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 Limited Liability Company were filed on 01/04/2016 and assigned Florida document number L16000001875.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOLDEN BRUSH OF AMERICA LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
16 SEP 14 AM 9:21
TALLAHASSEE FLORIDA
SECRETARY OF STATE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 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

Page 1 of 3

H16000219389 3

H16000219389 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SOLUTIONS BY ACCOUNTANTS INC</u>	<u>1549 NE 123RD ST</u>	<input type="checkbox"/> Add
		<u>NORTH MIAMI, FL 33161</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>BARCELONA COMERCIO LLC</u>	<u>3111 N UNIVERSITY DR STE 105</u>	<input type="checkbox"/> Add
		<u>CORAL SPRINGS, FL 33065</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>BARCELONO COMMERCIO LLC</u>	<u>3111 N UNIVERSITY DR STE 105</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL SPRINGS, FL 33065</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>DAMACENO ZACCARIA, DEBORA S</u>	<u>444 PONCE DE LEON BLVD #6</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL GABLES, FL 33134</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>FELZENER, SERGIO C</u>	<u>3111 N UNIVERSITY DR STE 105</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL SPRINGS, FL 33065</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>SA PANTALIAO, BRUNO</u>	<u>685 NE 193RD TER</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33179</u>	<input type="checkbox"/> Remove

FILED
16 SEP 14 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000219389 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 1ST, 2016



Signature of a member or authorized representative of a member

MIKE NATARUS

Typed or printed name of signer

FILED
16 SEP 14 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA