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COVER LETTER

TO:

Registration Section

Division of Corporations

CUDIECT.

Blackthorn Gold & Estate Buyers, LLC

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:

Susan Bagon

Name of Person

Blackthorn Estate Buyers, Inc

Firm/Company

9858 Clintmoore Rd C 111-137

Addres

Boca Raton, FL 33496

City/State and Zip Code

susanp@blackthorngold.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Bagon

₃₇561,2133828

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

(<u>Name of the Limited Liability</u>	ty Company as it now appears on our re	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 02/04/2013	and assigned
Florida document number L13000018594		
This amendment is submitted to amend the following:		TILE SEP I
A. If amending name, enter the new name of the lin	nited liability company here:	
Blackthorn Estate Buyers & Jewelers, LLC		
The new name must be distinguishable and end with the work.L.C."	ords "Limited Liability Company," the de	signation "Llag" for the abbreviation
Enter new principal offices address, if applicable:		"
(Principal office address MUST BE A STREET ADD	(RESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ad	is submitted to amend the following: name, enter the new name of the limited liability company here: state Buyers & Jewelers, LLC ast be distinguishable and end with the words "Limited Liability Company," the designation "LLS," or the abbreviation cipal offices address, if applicable: address MUST BE A STREET ADDRESS) ing address, if applicable: s MAY BE A POST OFFICE BOX) ag the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: of New Registered Agent: egistered Office Address: Enter Florida street address Florida	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido	a street address
	i	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 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add ,
			Remove
			Remove
		\ <u></u>	Add
			Add
			Charles Regulove
			^y
			Add
			Remove
			Add
			Remove
			
			Add
			Remove
			Add
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amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
_	
Se	ptember 9 /2013 /
	X Conflicano
	Signature of a member or authorized representative of a member
	Susan Bagon Typed or printed name of signee
	ryped of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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