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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	#)
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B Tadlock MAY 1 8 2012

COVER LETTER

Division of O			
SUBJECT:		NO GOLD MINE	
Na	ame of Florida Limited Par	rtnership or Limited Liabili	ty Limited Partnership
The enclosed Certif	icate of Amendment a	nd fee(s) are submitted	for filing.
Please return all cor	respondence concerni	ng this matter to:	
	Jon Banks		
	Contact Person		
Solfe	rino Gold Mine L.L.	L.P	
	Firm/Company		
123 S	E 3rd Avenue, Suite	514	
	Address		
	Miami, FL 33131		
	City, State and Zip Code		
chi	is@solferinogold.co	om	
	be used for future annual		
For further informat	ion concerning this m	atter, please call:	
Jor	Banks	at (<u>305</u>)	926-0681
Name of Cont			time Telephone Number
Enclosed is a check	for the following amo	ount:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILING	ADDRESS:
Registration Section		Registration	
Division of Corpora	tions		Corporations
Clifton Building 2661 Executive Cer	stor Cirolo	P. O. Box 6 Tallahassee	
Tallahassee, FL 32		ramanassee	, FL 34314

CERTIFICATE OF AMENDMENT TO

ZONZ TAFE

CERTIFICAT	TE OF LIMITED PAR	KTNERSHIP	CS CS	, T
	OF		HAS	
	IINO GOLD MINE		SSR C	ה ה ה
Insert name curre	ntly on file with Florida Dep	partment of State		ج الرابي بي الرابي
Pursuant to the provisions of section 620.	1202, Florida Statutes,	this Florida limited		
limited liability limited partnership, whos January 24, 2012, assig				ate on
adopts the following certificate of amenda	ment to its certificate of	flimited partnership	p.	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u> <u>here</u> :	of the limited partners	nip or limited liabili	ty limited par	<u>tnership</u>
SGM	GOLD, LLLP			
New name must be d	istinguishable and contain a	n acceptable suffix.		
Acceptable Limited Liability Limited Partnership B. If amending mailing address and/or principal office address here: New Principal Office Address (Must be STREET address)	principal office addr			and/or
New Mailing Address: (May be post office box)				
C. If amending the registered agent and/onew registered agent and/on the new registered	_	ess on our records,	enter the nam	e of the
Name of New Registered Agent:				
New Registered Office Address:	Enter I			
		, Florida		
	City		ip 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.

If Changing	Registered	Agent,	Signature	of New	Registered	Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action	
,	Colombia Reserva	199 East Flagler Street, # 270 Miami, FL 33131	_ Add ✓ Remove	
Mr.	Jon Banks	123 SE 3rd Avenue # 514 Miami, FL 33131N	Add Remove	
	• · · · · · · · · · · · · · · · · · · ·		Add Remove	
			_ Add Remove	
			Add Remove	
			Add Remove	
	ed partnership or limited liab ship" status, enter change her	ility limited partnership is amen e:	- ding its "limited liability	
This Limi	ited Partnership hereby elects to	be a "Limited Liability Limited Pa	rtnership."	

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, enter	r change(s)	here: (Attach a	additional sheet	ts, if necessary.) .	
N/A .		·			-	,
	, `					,
						,
						
		<u> </u>	•			
Effective date, if other than the date of filing:			,_, , _,			
(Effective date cannot be prior to nor more than 90 days State.)	after the dat	te this document i	s filed by the Flo	orida Departmen	u of	
Signature(s) of a general partner or all gener	al nartne	rs*:				
(*NOTE: Only one current general partner is required to removing a "limited liability limited partnership" election when adding or removing a "limited liability limited partnership".	o sign this do n statement.	ocument unless th Chapter 620, F.S	e limited partner	rship is adding oneral partners to	भ > sign	
•			•			
			· · · · · · · · · · · · · · · · · · ·			
•	•					
•				•		•
			·			
						
Signature(s) of all new or dissociating genera	l partner	(s), if any:	,			
Lon a Barba			+			
(le faull)	- eclo	MBLA	Resen	UA De	Or	۲۵٬۲۲۲
0						
		, H				
Filing Fee: \$52.50			•			
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			,			