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**EXAMINER** 

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SEERETARY OF STATE

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## **COVER LETTER**

TO: Registration S Division of Co			•	
SUBJECT:	Golden Eagl	e Investments, LLC		
		ted Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	•	
Please return all corresp	ondence concerning this matter	to the following:		
	<u> </u>	Lauren Davi	·	
		Name of Person	~	
			ZAN SEF	
		Firm/Company		
	, 75 Fou	, 75 Fourteenth Street, Suite 2710		
		Address	OF STATE	
		Atlanta, GA 30309		
		City/State and Zip Code	Tr.	
	E-mail address: (	eshaw@tpclg.com to be used for future annual report notifi	cation)	
For further information	concerning this matter, please of	eall:	•	
	Lauren Davi	ai(	974-3487	
Name	of Person	Area Code & Daytime	e Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURI Registration Sectio Division of Corpor	n	
		Clifton Building 2661 Executive Ce Tallahassee, FL 32.		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Go	<u>lden Eagle Investments, L</u>	LC	
( <u>Name of the Limit</u>	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	07/10/2001	and assigned
Florida document number L010000	11121	•	
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :	
	Gold Eagle Investments, LLC		·
The new name must be distinguishable and end v "L.L.C."	vith the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appl	icable:		
<u>(Principal office address MUST BE A STRE</u>	<u>SET ADDRESS)</u>		-8
Enter new mailing address, if applicable:	***************************************	<u> </u>	3
(Mailing address MAY BE A POST OFFICE	E BOX)		
	<u> </u>		
		ŝ	
B. If amending the registered agent and	l/or registered office address on o	our records, enter th	e name of the new
registered agent and/or the new registered	onice address nere;		
Name of New Registered Agent:	Judi Epstein	_jt	
New Registered Office Address:	<del></del>	OLAS 1905D -/	00 S. Biech Ra
		ter Florida street addr	ess •
	FORT LAUDERDALE	, Florida	33361
	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 = Manager

MGRM = M	Ianaging Memb	er			•
<u>Title</u>	Name ·		Address		Type of Action
.MGRM	Mark Epst	ein	2310 WOODL SNELLVILLE	AND LAKE WALK GA 30078	☐ Add ☐ Remove
MGRM	Judi Epste	in	JACKSON TO	WER LAS OLAS TROALE FL 33361	1905 Add Remove
·		•			Add Remove
	, · · <del>· · · · · · · · · · · · · · · · ·</del>				TAdd  Remove
	<del>-</del>	<u> </u>			Remove
, 					Add Remove
D. If amend	ling any other in	formation, enter char	nge(s) here: (Attach aa	ditional sheets, if necess	ary.)
Dated _ <b>Aug</b>	Pust 24		Ink		
		//	per or authorized represen		
	·		stein, Managing Me		

Page 2 of 2

Filing Fee: \$25.00