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(R	equestor's Name)	
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TAIL AHASSEF, FLORIDA

J. BRYAN

NOV - 2 2010

EXAMINER



THE OFFICE OF THOMAS L. RIEGLER

Legal Consultancy Services for Yesterday, Today and Beyond Toll Free: 866-580-2929

October 20, 2010

Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Re: Florida Gold Property Management, LLC

Enclosed for filing, please find the Amendment to Articles of Organization and the required draft in the amount of \$25.00. Should you have any questions, please feel to contact us. Thank you.

1-Xb

Rieg

Enc.

10 NOV - 1 PM 2: 45
SECRETARY OF STATE
TALL AHASSEF, FLORID

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Florida Gold Pro	perty Management, LLC	,
		ited Liability Company	·····
	of Amendment and fee(s) are sui	-	
		Thomas I Dioglar	•
		Thomas L. Riegler Name of Person	
		Firm/Company	
	6	11 Celebration Avenue	CAE NO
		Address	BA L
	C	Celebration, FL 34747	10 NOV -1 PM 2: 45 SECRETARY OF STATE FALLAHASSEE. FLORID
		City/State and Zip Code	
		tlriegler@gmail.com	DRIE 5
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please	call:	
The	omas L. Riegler	at (_866_)	580-2929
Name	e of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Section 2 Sectio
	ILING ADDRESS: stration Section	STREET/COURI Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

`TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Gold Property Management, LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears of Liability Company)	n our records.	
The Articles of Organization for this Limited Liability Company	were filed on	6/30/2004	= φ an assigned.
Florida document numberL04000049264			And assigned PM 2: 13 CRETARY OF STATE OF STATE OF STATE
This amendment is submitted to amend the following:			SEF PROFILE
A. If amending name, enter the new name of the limited liab	ility company here:		FLOSTI F
Lourdes Enter	prises, LLC		REAL OF
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company	" the designation	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2877 Blooming Alamandra Loop		
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34747		
Enter new mailing address, if applicable:	2877 Blooming		.oop
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL	34747	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
Negistered Office Address.	Enter Florida street address , Florida		
***************************************	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1		
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p	lete performance of	my duties, and	l I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 = N MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			— <u> </u>
			T D
			Add Remove
			Remove
D. If amo	ending any other informatio	on, enter change(s) here: (Attach additional sheets	I I ED
Dated	Stoker 15		10 5
	Signal	ture of a member or authorized representative of a mem A. Christine Gray	DEF
		Typed or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00