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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAY 0 3 2017 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Golden (Name of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
R. S.	Pers 2 - G-B Name of Person
	Firm/Corapany
509	D, Strzet
CLEAR WAT	City/State and Zip Code  City/State and Zip Code
For further information concerning this matter, please ca	
Bob Good Name of Person	at (727) 277-9697 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 & □ \$60.00 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

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colden Coou LLC
(Name of the Limited Liability Company as Low appears on our records)

(Name of the Limited Liability Cor	empany as a new appears on our records.) ited Liapitis/ Company)
(A Florida Limit	ited Liability Company)
The Articles of Organization for this Limited Liability Compa	pany were filed on 06/20/2005 and assigned
Florida document number <u>L 0 5 00 00 6</u>	1347
This amendment is submitted to amend the following:	
This anciented is sublimed to allered the following.	
A. If amending name, <u>enter the new name of the limited b</u>	liability company here:
The new name must be distinguishable and contain the words 'Limited Li	.iability 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,	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address i	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Sweet address
9.000	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:
provisions of all statutes relative to the proper and compl	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is lice address, I hereby confirm that the limited liability
<del></del>	Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
FALLAND SSEE, FLORIDA
TALLAND SSEE, FLORIDA
TAL

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR \* Manager

AMBR = Authorized Member <u>Title</u> Name | Address Type of Action SECR KPMPLLC 2095 BELGEAIR Rd - Add CLEARUSTA Pl 33764 XRemove ☐ Change SECR P.R. PEREZ 2095 BELLEAIR Rd XAdd CLEARWATER PL 33764 - Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

ECRETARY OF STATE

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	CRET
	ASS
	P CE
Effective date, if other than the date of filing:	HAY -1 PH 4: 1
document's effective date on the Department of State's records.	<b>5</b>
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed.	
Dated 04-03-2017	
Xamela 163	
Signature of a member or authorized representative of a member	
tamela K. Perez	

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Filing Fee: \$25.00