L050000003581

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EXAMINER

COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT:M	IJO-GOLD, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Art	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
my address -	JOHANNA A. GOLDSTE Name of Person MIJO-GOLD, LLC Firm/Company 3550 ROSLYN LANE Address LAKELAND, FL 33812 City/State and Zip Code HANNALPN @ AOL, COM E-mail address: (to be used for future annual report notification)	Address For Business 109 Amberswee Win Davenport, Fl 3389
For further information con	cerning this matter, please call:	2 6 -
Johanna A, Name of P	Goldstein at 863, 255-93 Area Code & Daytime Telephon	ne Number 3 2
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILIN	G ADDRESS: STREET/COURIER ADD	DRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIJO-GOLD), LLC
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0500063581</u> .	y were filed on $06/27/2005$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	bility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3
Enter new mailing address, if applicable:	HANDER OF THE STATE OF THE STAT
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent;	ž.
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl	ree to act in this capacity. I further agree to comply with plete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Managing Member Title Address **Type of Action** <u>Name</u> Johanna A. Goldskin ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00