## 205000/23687

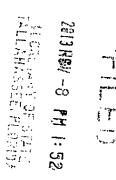
· (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:		enpet Cleaning L	-LC	
		, , ,		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Branda	DN Brescia	<del></del>	
	Gold (	Firm/Company	raning LLC	
	13097-B (	Quiet woods rd		
	Wellingt	on FZ 33414	22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	
		City/State and Zip Code		
	E-mail address: (to	o be used for future annual report notification	on)	
For further information o	oncerning this matter, please ca	all:		· 1 · 1
Brandon	Brescia	at (SOL) 951-3	525 Figure 52	31751
Name o	f Person	Area Code & Daytime Tel		
Enclosed is a check for the	ne following amount:			
<b>2</b> \$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	□\$55.00 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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gold Coq	st Ca	rpet Cloa	uius Li	<u>/</u> _	
(Name of the Limited Lia (A Flo	bility Compan rida Limited L	y as it now appears of ability Company)	on our records.)	<del></del>	
The Articles of Organization for this Limited Liabil Florida document number <u>LO500612</u>	lity Company 3687	were filed on 12	29 2005	and assigne	xd
This amendment is submitted to amend the following	ng:			(A)	,,
A. If amending name, enter the new name of the	limited liabi	lity company here:			d lu man
	Stown		<u> </u>	97 J	
The new name must be distinguishable and end with the "L.L.C."	e words "Limit		•		
Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A)			antee T		
Trincipal Office amores Medi BEA STREET A	DDICESS)		<i>(1)</i>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	R)	7581 5 Lake U	Santee John , T	terrac + 2 334	ZE_ [6]
B. If amending the registered agent and/or r registered agent and/or the new registered office			records, enter t	the name of th	<u>ie new</u>
Name of New Registered Agent:	Iav	Finl Santee	aysov	1	
New Registered Office Address:	7581	Santee	. terra	Ce	
-			Florida street ada		7
		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

Page 1 of 3

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 = Manager MGRM = Managing Member

<u>Title</u>	Name		Type of Action
M6R	Brandon Brescia	13097-BQUIET Woods rd	Add
		Wellington FC33414	Remove
		7581 Santee terrai	Ce
M6R	Ian Finlayson	7581 Santes terrais Cake Worth, FZ 3346	$2$ $\bowtie$ Add
			Remove
			, _
		3	_ Add
		25 (2) 25 (2) 25 (3) (2) (4)	Remove-
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			Remove
			·
		<del></del>	Add
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	Ucrober, 5+4, 2013.
	Signature of a member or authorized representative of a member  Right Broside  Ri
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00