L 06000087162

(Re	questor's Name)			
(Ac	dress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
. (Do	ocument Number)			
Certified Copies Certificates of Status		of Status		
Special Instructions to Filing Officer:				
		ļ		





500136752725



B. KOHR 0CT 2 3 2008

EXAMINER

FILED

08 OCT 22 AM 8: 35

TÄLLÄHÄSSEF FI OBE.



ACCOUNT NO. : 072100000032

REFERENCE : 757671

7548827

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 14, 2008

ORDER TIME : 10:26 AM

ORDER NO. : 757671-005

CUSTOMER NO: 7548827

DOMESTIC AMENDMENT FILING

NAME: GOLDEN RULE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OBOCT 22 M 8:3

GOLDEN RULE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Seat. 6, 2006 Flore la document number 2060000 87162 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GOLDEN RULE CUSTOM JOBS, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7711 Clubdale loop Orlande, Fl 32811 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (Zip Code)

New | existered 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.

(City)

MGR = Manager

If smending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managine Member being added or removed from our records:

िस	Name	Address	Type of Action
			Add Remove
			Add Remove
 -			Add Remove
—) ———			Add Remove
فدانگان در وسو بدا			Add Remove
			Add Remove
. If amer	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
<u>-</u>			
<u>-</u>			-
	October 20 . 2	<u>,908</u> .	
Dated	6	er er authorized representative of a member	·

Page 2 of 2

Filing Fee: \$25.00