## L06000100412

| (Requestor's Name)                      |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| (Booding Hambor)                        |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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08 JAN -4 PH 12: 54

SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

|                     | gistration Sectision of Corp |  |   |  |
|---------------------|------------------------------|--|---|--|
| SUBJECT:            | 13943 FG                     | Investments LLC                            |   |  |
|                     |                              |  | nited Liability Company)  |  |
| The enclosed        | l Articles of A              | mendment and fee(s) are sul                | bmitted for filing.   |  |
| Please return       | all correspon                | dence concerning this matter               | r to the following:   |  |
|                     |                              | Caleb Scorsone                             |   |  |
|                     |                              |  | (Name of Person)  |  |
|                     |                              |  | (Firm/Company)  | <del></del>  |
|                     |                              |  | (Firm/Company)  |  |
|                     |                              | 2702 E Robinson ST                         |   |  |
|                     |                              |  | (Address)   |  |
|                     |                              | Orlando, FL 32803                          | (0) (0 ) 17' (0 1)  |  |
|                     |                              |  | (City/State and Zip Code)   |  |
| For further in      | nformation cor               | acerning this matter, please of            | call:   |  |
| Caleb Scorsone      |                              |  | at ( 407 ) 896-8888   |  |
|                     | (Name of                     | Person)                                    | (Area Code & Daytime  | Pelephone Number)  |
| Enclosed is a       | check for the                | following amount:                          |   |  |
| <b>√</b> \$25.00 Fi | ling 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

SECKE TARY OF STATE
DIVISION OF CORPORATIONS

08 JAN -4 PH I2: 54

13943 FG Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (,,  | Tronda Emmod Emonity Company)                |                                       |
|--|--|---------------------------------------|
| The Articles of Organization for this Limited Li   | iability Company were filed on 10/14/200     | 06 and assigned                       |
| Florida document number <u>L06000100417</u>  | ·  |                                       |
| This amendment is submitted to amend the following                                       | owing:                                       |                                       |
| A. If amending name, enter the new name of   | f the limited liability company here:        |                                       |
| Gilded Lifestyle, LLC  |  |                                       |
| The new name must be distinguishable and end wit "L.L.C."                                | h the words "Limited Liability Company," the | designation "LLC" or the abbreviation |
| B. If amending the registered agent and/or registered agent and/or the new registered of |  | ords, enter the name of the nev       |
|  |  |                                       |
| Name of New Registered Agent:  |  |                                       |
| New Registered Office Address:   |  |                                       |
| The Tregistered Ciffee Tradition.  | (Enter Flo                                   | orida street address)                 |
|  |  | , Florida                             |
|  | (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)

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 = Mar<br>MGRM = M | nager<br>Ianaging Member               |  | •  |
|-----------------------|--|--|--|
| <u>Title</u>          | Name                                   | Address  | Type of Action   |
| MGMR                  | Sarah Scorsone                         | 814 Duff Drive<br>Winter Garden, FL 34787            | Add Remove   |
| MGMR_                 | Ranel <b>C</b> aldeo                   | 2702 E Robinson St<br>Orlando, FL 32803<br>MGMR      | Add Remove   |
| MGMR                  | Angela Bier                            | 2702 E Robinson St<br>Orlando, FL 32803<br>MGMR      | Add Remove   |
|                       |  |  | Add Remove   |
|                       |  |  | Add<br>Remove  |
| ····                  |  |  | Add<br>Remove  |
| D. If amend           | ling any other information, enter char | nge(s) here: (Attach additional sheets, if necessary | SECRETARY OF STATE STORE TARY OF CORPORATIONS DIVISION OF CORPORATIONS |
| Dated                 | January 2nd, 20                        | per or authorized representative of a member         | ·····  |
| ,                     | Caleb Scorsone                         | ed or printed name of signee                         |  |

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Filing Fee: \$25.00