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**EXAMINER** 



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SECRETARY OF STATE
DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Secti Division of Corpo	
SUBJECT: <u> </u>	Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	WILLIAM S. GORDON
	GOLDYVILLE LLC Firm/Company
	1341 HARDY AVE
	ORLAND FL 32823  City/State and Zip Code  GORDYNILLE Q GMAIL. COM  E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
WILLIAM Name of P	
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

Gorn	WILLE	LLC			
(Name of the Limited Liah (A Flor	<b>ility Company as i</b> ida Limited Liabilit	t now appears on our rec y Company)	ords.)		
The Articles of Organization for this Limited Liabili Florida document number <u>L 060001058</u>	ity Company were	filed on October	31,2006	and assi	igned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability c	ompany here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Lia	ibility Company," the desi	ignation "LLC	" or the a	bbreviation
Enter new principal offices address, if applicable	:		propries		
(Principal office address MUST BE A STREET Al	DDRESS)			5	\$IVI
				FE .	ᅙ쫇
				ີ້ ຜ	9. <u>5.3</u>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
	<del>3010</del>			<u>F</u> _	
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our records	s, <u>enter the</u>	name o	f the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida	street address	<del> </del>	
				•	
_	City		lorida	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, <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 **Type of Action** <u>Title</u> **Name Address** MGRM ALYCIA KACZUWKA ☐ 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.) Dated February 2010 Signature of a member or authorized representative of a member Gordon Typed or printed name of signee

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Filing Fee: \$25.00