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COVER LETTER

Division of Corp	porations				
SUBJECT:	Golden G	ate Estates, LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Jennifer Garcia, registered agent				
		Name of Person			
	Firm/Company				
	6017 Pine Ridge Rd., #157				
		Naples, FL 34119 City/State and Zip Code	····		
	jenegarcia@yahoo.com E-mail address: (to be used for future annual report notification)				
For further information co	oncerning this matter, please of	ali:			
	nifer Garcia	at (285-1477		
Name of	Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)		
	ING ADDRESS: ation Section	STREET/COURING Registration Section			

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

10 APR -8 PM 12: 26

		,,, ,,, ,	11112. 50
Golden Gate (Name of the Limited Liability Comp. (A Florida Limited	Estates, Ll	C SECRETAR	Y OF STATE EE, Fl orida,
(A Florida Limited	Liability Compar	iy)	
he Articles of Organization for this Limited Liability Compa	ny were filed on	February 20, 2007	and assigned
Florida document numberL07000019414			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company	<u>here</u> :	
	ates, LLC		
The new name must be distinguishable and end with the words "Li L.L.C."	mited Liability Co	mpany," the designation "LL	.C" or the abbreviati
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
-			
Mailing address MAY BE A POST OFFICE BOX)			
			6 .4
 If amending the registered agent and/or registered registered agent and/or the new registered office address h 		on our records, enter th	e name of the ne
ogistored agent analog the new registered office address in	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	•		4
ven registeren regent a signature, ir enanging registeren regi	<u>11.</u>		
hereby accept the appointment as registered agent and a	aree to act in th	is capacity. I further come	e to comply with
he manificant of all statutes relative to the management of			

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 = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add Remove
			Add
			Add Remove
···			Add Remove
	(M. 100 100 100 100 100 100 100 100 100 10		Add Remove
			Add
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if ne	TALLER SEOR
_			FILED 10 APR -8 PH SECRETARY OF FALLAHASSEE, F
		•	12: 26 STATE FLORIDA
Dated	March 30	, 2010	₹¢
	Signature of	a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
	-	Jennifer Garcia, MGR Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00