11/27/2017



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COVER LETTER

TO: Registration Sec Division of Corp					
Legendary I	nk, L.tC.				
SOBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	rmendment and foc(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Suzanne M. hwin, Paraleg	al			
		Name of Person			
	Flaster/Greenberg P.C.				
		Firm/Company			
1810 Chapel Avenue West					
	Address				
	Cherry Hill, New Jersey C	8002			
	ken@goldinauciions.com	City/State and Zip Code			
	E-mnil address; (to be used for future annual rep	ort notification) - 2		
For further information co	neerning this matter please c	all:	i		
Suzanne M. Irwin, Parale	gal	856 382-2 at ()			
Name of		Area Code	Daytime Telephone Number		
Enclosed is a check for the	T. ILI		Page of the Page o		
□ \$25 00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Pec & Certified Copy (additional copy is cretose)	☐ \$60,00 Filing Fee, Certificate of Status & Gertified Copy (additional copy is enclosed)		
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 sec, F1, 32314	Registration Division of Clifton Buil	Corporations ding tive Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legendary Ink, L.L.C.	
(Name of the Limited Liability	Company as it now appears on our records,)
(A Florida L	anited Liability Company)
The Articles of Organization for this Limited Liability Co.	npany were filed on April 19, 2007 and assigned
Florida document number 1.07000041845	
Fiorida document number	<i>,</i>
Chita and a second and a second as a secon	
This amendment is submitted to amend the following:	
	A 32 - 5 - 54 - 54 - 54 - 54 - 54 - 54 - 54
A. If amending name, enter the new upper of the limite	d hability company here:
Goldin Auctions Investments LLC	
	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Elimite	a diagnity company. The designation file, of the above visitor file.
Enter new principal offices address, if applicable:	
Milit	
(Principal office address MUST BE A STREET ADDRE	<u>333)</u>
10 1	
N	15.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OF FICE BOX)	
(4)	
	red office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ss here:
M	
Name of New Registered Agent	
	i
New Registered Office Address:	
#	Enter Florida sweet address
9 (1	No. 121 and disc
· · · · · · · · · · · · · · · · · · ·	Elip Code
81	(·)
New Registered Agent's Signature, if changing Registered	Agent:
	I was a second to the second of the second o
Thereby accept the appointment as registered agent at	an agree to act in this capacity, I farther agree to compay with me
provisions of all statutes relative to the proper and cor	nd agree to act in this capacity. I farther agree to comply with the applete performance of my duties, and I am familiar with and ant as provided for in Chapter 605, F.S. Or, if this document is
accept the obligations of my position astregistered age	ni as provideu jor in Chapter (00), 11.8. Or, ij isis documeni 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.	•
111	·

Page 1 of 3

H Changing Registered Agent, Signature of New Registered Agent

_□ Add

□ Remove

Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action _D Add _□ Remove _D Change _□ Add __ 🗆 Remove _ Change _□ Add _□ Remove ☐ Change _□ Add _🛮 Remove □□ Change _□ ∧ad _ ☐ Remove ☑ Change

Page 2 of 3

D. If amending any other information, e	nter change(s) here: (Attach additional sheets, (I necessary.)
<u> </u>	
<u></u>	
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	and a second
E. Effective date, if other than the date of the date of the date is listed, the date must be specified.	f filing: (optional) itie and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) is not meet the applicable statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block do document's effective date on the Department.	is not meet the applicable statutory filing requirements, this date will not be listed as the control of State's records.
If the record specifies a delayed effect	tive date, but not an effective time, at 12:01 a.m. on the earlier of: filed.
(b) The 90th day after the record is	med.
Dated November 17	2017
	instance of a member or analysized representative of a member
Kenneth Goldin, Manager	
	Typed or printed name of signee
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ì	Filing Fee: \$25.00