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COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

GOLDEN & SCAZ, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DALE THOMAS GOLDEN

Name of Person

GOLDEN SCAZ GAGAIN, PLLC

Firm/Company

201 N. ARMENIA AVENUE

Address

TAMPA, FL 33609

City/State and Zip Code

DGOLDEN@GOLDENSCAZ.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DALE THOMAS GOLDEN

813₂₅₁₋₅₅₀₀

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing 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

FILED

2013 FEB 13 PM 2: 17

SECRETARY OF STATE
SECRETARY OF STATE

GOLDEN & SCAZ, PLLC

company has been notified in writing of this change.

(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 07/19/2007	and assigned
Florida document number L07000074607		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GOLDEN SCAZ GAGAIN, PLLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation
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)	· · · · · · · · · · · · · · · · · · ·	
D. If amonding the projectional areas and sould be seen as a few section of the s	w. 11	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
	-	
Name of New Registered Agent:		
Now Posistand Office Address		
New Registered Office Address:	Enter Florida street add	dress
	Florido	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comp		
the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p	reve performance of my auties, and I provided for in Chapter 608, F.S. Or,	if this document is
heing filed to merely reflect a change in the registered office		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	EDWARD F. GAGAIN, III	201 N. ARMENIA AVENU	E ✓ Add
		TAMPA, FL 33609	Remove
		<u></u>	_ □
			Add
			Kemove
			Add
			Remove
			_ Add
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Tebruary 11	

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Filing Fee: \$25.00

SECRETARY OF STATE