

U7000092251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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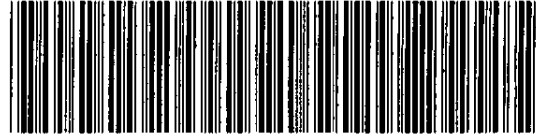
(Business Entity Name)

(Document Number)

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06/20/08--01014--025 **30.00

FILED
Jun 20, 2008 08:00 AM
Secretary of State

6/23/08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: First Faith Insurance & Tags LLC
(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:

Stephany J Sirius

(Name of Person)

First Faith Insurance & Tags LLC

(Firm/Company)

1801 N Flagler Drive Unit 402

(Address)

West Palm Beach, FL 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephany J Sirius

(Name of Person)

at (305) 508-8721

(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
Jun 20, 2008 08:00 AM
Secretary of State

First Faith Insurance & Tags LLC

(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 09/10/2007 and assigned
Florida document number L07000092251.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GoldenShield Insurance & Tags LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2700 West Atlantic Blvd Suite 102 A

(Principal office address MUST BE A STREET ADDRESS)

Pompano Beach, FL 33069

Enter new mailing address, if applicable:

2700 West Atlantic Blvd Suite 102 A

(Mailing address MAY BE A POST OFFICE BOX)

Pompano Beach, FL 33069

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2700 West Atlantic Blvd Suite 102 A

(Enter Florida street address)

Pompano Beach

(City)

, Florida 33069

(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 Manager's 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:

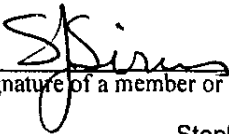
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stephany J Fortune	1440 NE 201 Terrace Miami, FL 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Stephany J Sirius	4613 N University Dr. # 555 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Samson Sirius	1344 SW Bayshore Blvd Port St. Lucie, FL 34983	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Samson Sirius	4613 N University Dr. # 555 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kinsonn J Edouard	1344 SW Bayshore Blvd Port St. Lucie, FL 34983	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kinsonn J Edouard	2700 West Atlantic Blvd Suite 102 A Pompano, FL 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated June 13th, 2008


Signature of a member or authorized representative of a member

Stephany J Sirius

Typed or printed name of signee