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SECRETARY OF STATE

C. LEWIS

OCT 2 0 2011

EXAMINER

COVER LETTER

TO: Registration Se- Division of Corp		ess of the state o	and the state of t
SUBJECT: GO	LDFELLOW, L	LC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Steven L. Ho	Name of Person	
	Goldfellow		
	3265 Merid	lian Parkway, S	vite 114
	Westen, FL Shansen Go E-mail address (1	City/State and Zip Code Compared to the low, com	ication)
For further information co	oncerning this matter, please ca	afl:	
Steven L. He Name of	2NSEN Person	at (<u>954) 888 - C</u> Area Code & Daytim	500 × 205 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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

2011 OCT 1/9 PM 1: 38

GOLDFELLOW (Name of the Limited Liabil (A Florid	ity Company as it now appe a Limited Liability Company	* * * * * * * * * * * * * * * * * * * *	CRETARY OF STATE AHASSEE.FLORIDA
The Articles of Organization for this Limited Liability Florida document number <u>L 0700009289</u>	· ·	9/11/2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company h	ere:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter th	e name of the new
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	E	nter Florida street addr	ess
	, Florida		
	City	, . IVI IVA	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action Steven L. Hansen MGR 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 October 17 ure of a member or authorized representative of a member Viaura Holdings LTO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00