Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000066474 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone : (850) 385-6735

Fax Number

: (954)641-4192

Enter the email address for this business entity to be used for futpre w annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLD N CONNECTION LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

C. LEWIS MAR 1 4 2012

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/13/2012

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 MAR 13 AM 8: 13

SECRETARY OF STATE

Go	old N Connection LLC	TALLAHASSEE, FLORID
(<u>Name of the Limited L</u> (A F	Inbility Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lial		nber 19, 2007 and assigned
Florida document number L070001254	198 .	
This amendment is submitted to amend the follow	wing;	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	c designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered off		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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

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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 Type of Action Name Address Title **MGRM** Jeff Davis Add
Remove 1311 South Dixie Highway Suite 17-E Pompano Beach Florida 33060 Remove 🗌 Add Remove] Remove Db∧□ . Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 13 2012 Dated ___ Signature of a member or authorized representative of a member

Page 2 of 2

Joshua Davis, Managing Member
Typed or printed name of signee

Filing Fee: \$25.00

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