

Florida Department of State

Division of Corporations 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.

(((H11000117853 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PHOENIX LAW PLLC

Account Number: I20100000059

: (239)461-0101 Phone

Fax Number

: (239)461-0083

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GOLDEN GIRLS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H11000117853 3)))

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

4/28/2011

From: PHOENIX LAW PARTNERS

Ţ

239 461 0083

04/28/2011 13:17

#588 P.002/004

(((H11000117853 3)))

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Golde	en Girls LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Ch	arles PT Phoenix, Esq.			
		Name of Person			
Phoenix Law PLLC					
		Finn/Company			
12800 University Drive, Suite 260					
	**************************************	Address			
Fort Myers, FL 33907					
		City/State and Zip Code			
dm@corporationcounsel.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of		,		
Е	Pebbie Miller	at (239) 4 Area Code & Daytime	61-0101		
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	S55.00 Filing Fec & 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 From: PHOENIX LAW PARTNERS

239 461 0083

04/28/2011 13:19 #588 P.003/004 FILED

(((H11000117853 3)))

DIVISION OF CORPORATIONS 11 APR 28 AM 8: 59

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	Golden Gins LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L. Florida document number		April 23, 2008 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company h	<u>:re</u> :
The new name must be distinguishable and end wit "L,L,C,"	h the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	***************************************	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:	MANUFACTURE CONTRACTOR	
New Registered Office Address:		
	E	nter Florida street address
	Cin	, Florida
	UHV	7.10 C OOP

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

Page 1 of 2

(((H11000117853 3)))

200 401 0000

(((H11000117853 3)))

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	Nume	Address	Type of Action
MGRM	Quest Alloy LLC	12800 University Drive Suite 260 Fort Myers, FL 33907	Add Remove
<u>MGRM</u>	Deanna Brown	12800 University Drive Suite 260 Fort Myers, FL 33907	Add Remove
MGRM	Lisa M Phoenix	12800 University Drive Suite 260 Fort Myers, FL 33907	Add ☑ Remove
			Add Remove
			Add Remove
Annih Miller of Paris of State State week			Add Remove
D. If amending	g any other information, enter change(s	s) here: (Attach udditional sheets, if necessary.)	ON
•			SECRETARY VISION OF C
			ORPOR/
Dated	April 26 , 201	<u></u>	TALE VATIONS
	Signature of a member or	authorized representative of a member	
		Esq., authorized representative	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00