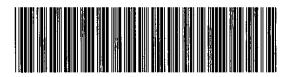
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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COVER LETTER

TO:	Registration Division of C		×	
SUBJI	ECT: The G	olden Well LLC		
	•	(Name of Lin	nited Liability Company)	
	•			
The en	closed Articles o	of Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	pondence concerning this matter	r to the following:	
		Christine S. Halstead		
			(Name of Person)	
		The Golden Well LLC		
			(Firm/Company)	
		5470 E. Busch Blvd. Uni		
			(Address)	
		Tampa, FL 33617		
			(City/State and Zip Code)	
For fur	ther information	concerning this matter, please c	eall:	
Christi	ine S. Halstead		808 \ 264-8488	
Christine S. Halstead (Name of Person)			at (808) 264-8488 (Area Code & Daytime T	Celephone Number)
	·			•
Enclose	ed 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:			STREET/COURIER Registration Section	ADDRESS:
Registration Section Division of Corporations			Division of Corporation	ons
 	P.O. I	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive Cente	r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

68 JUL 23 AH 10: 44

The Golden Well LLC

SECRETARY OF STATE TALLAHASSEE FLORIDA

(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 Liabilit	y Company were filed on May 12, 2008	and assigned
Florida document number L08000047258	 ·	
This amendment is submitted to amend the following	g :	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the new
Name of Name Desistered Assets		
Name of New Registered Agent:		
New Registered Office Address:	/P . F! · I	
	(Enter Florida str	reet aadress)
	, Flor	
	(City)	(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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	LEILI MCKINLEY	5470 E. BUSCH BLVD UNIT 514 TAMPA FL 33617	Add Remove
			Add Remove
			Add Remove
			Add Remove
···			AddRemove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if nece	
_			DB JUL 23 AH I
 Dated	JULY 9 ,	2008	AH 10: 44 EFFTLORIDA
		hember or authorized representative of a member	
	CHRISTINE S. H	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00