L08000077921

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filling Officer.			
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SECRETARY OF STATE

Office Use Only

no \$

D. BRUCE

MAR 11 2009

EXAMNES

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coo Rush 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:
Keuin Giqueve (Name of Posson)
(Firm/Company)
5408 Potricia Place
Weeki Wacher C 34607 P TO City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call:
Pam McKinny at 850 544-5544 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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



February 20, 2009

KEVIN GIGUERE 5408 PATRICIA PLACE WEEKI WACHEE, FL 34607

SUBJECT: GOLD RUSH, LLC Ref. Number: L08000077921

We have received your document for GOLD RUSH, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

> PILED 09 MAR II PH 12: 58 SEURETARY OF STATE TALLAHASSEE. FLORIDA

Letter Number: 509A00006131

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on or	ur records)	
(A Florida L	imited Liability Company)	ar records.)	
The Articles of Organization for this Limited Liability Co. Florida document number	•	1. 13, 2005 and assigned	
	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
CIGUERE MAR	KETING, LLC		
The new name must be distinguishable and end with the word "L.L.C."	is "Limited Liability Company," th	e designation "LLC" or the appreviation	
Enter new principal offices address, if applicable:	 	09 M	
(Principal office address MUST BE A STREET ADDR.	ESS)	A A A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>	PHI2: 58 RY OF STATE SEE. FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		cords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
		, Florida	
	(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 Changing Registered Agent, Signature of New Registered Agent)

• or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Type of Action **Name Address** MGR MGR Kenneth Williams Remove 「 Add Remove Add 🏲 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Cheryl Snyder, Paula Williams + Kenne

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00