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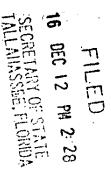
(Re	questor's Name)	
, (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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D. SCOTT DEC 1 3 2016

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJEC	GOLI	DEN GATE AMERICA LLC			
SODJE					
		Amendment and fee(s) are sub	_		
Please re	eturn all correspon	ndence concerning this matter	to the following:		
Joao G De Mattos					
	Name of Person				
	Golden Gate America LLC				
	Firm/Company				
	2295 S. Hiawassee Rd. Suitr 408				
			Address		<u>-</u> .
	Orlando, FL 32835				SEC SEC
	City/State and Zip Code				三 8 7
	accounting@ggamerica.com E-mail address: (to be used for future annual report notification)			12 L	
For furth	ner information co	oncerning this matter, please ca	-	atton)	DEC 12 PH 2:28 OFF STATE OFF STATE LANASSEE, FLORIDA
Jo	oao G De Mattos		407 477-5197 at ()		2: 28 1::1E ORID
	Name of	Person		Telephone Number	
Enclosed	d is a check for th	e following amount:			
□ \$ 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	Registra	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corporat		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN GATE AME				
(Name of the Limit	ed Liability Compar (A Florida Limited L	y as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited L Florida document numberL08000106806	iability Company			and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here:		
GOLDEN GATE USA HOLDINGS LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the design	ation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		Enter Florida s		FILED DEC 12 PH 2: 28 CRETARY OF STATE LLAHASSEE, FLOAD
		City		Žip 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change _ Add BORE DEG 12 PH 2:928 HE CRE GARY (学 STARE) □ Change □ Add ☐ Remove

☐ Change

D. If am	ending any other information, enter change	e(s) here: (A	Attach additio	nal sheets, if	necessary.)		
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-						FLO PLO	U
(If an ef Note:	ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot If the date inserted in this block does not meet the ment's effective date on the Department of State's a	e applicable	ate of filing or mo statutory filing	re than 90 days	optional) after filing.) P s, this date wi	ursual to 605.020)7 (3)(b) s the
If the re (b) The	cord specifies a delayed effective date, to 90th day after the record is filed.	but not ar	n effective ti	me, at 12:	01 a.m. or	n the earlier o	of:
Dated	December 8 20	16					
	Stgnaure of a member	f of authorize	d representative	of a member			
	Joao G De Mattos, MGRM	•					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00