L04UUU006723

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B. KOHR
MAY - 5 2009
EXAMINER



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	Dissolution / Withdrawal
	Annual Report / Reinstatement
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CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: GOLDEN GATE OF ORLANDO LLC

Ref. Number: L08000106806

We have received your document for GOLDEN GATE OF ORLANDO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

We are confused about which filing you wish to amend. If you want to amend GOLDEN GATE OF ORLANDO LLC, then the Document Number of that filing is L08000106806. And it was filed on November 17, 2008.

The document number and file date listed on the Amendment -- L09000006723 FILED ON 1/21/09 -- is for GOLDEN GATE OF CENTRAL FLORIDA LLC.

Please make the appropriate corrections.

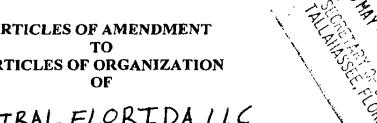
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 809A00014887

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



(////////////////////////////////////	Florida Limited Liability Comp	pany)	
The Articles of Organization for this Limited L	iability Company were filed o	n 01/21/2009	_ and assigned
Florida document number L09000006723			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compar	y here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability (Company." the designation "LLC	or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or the new registered of	or registered office address <u>fice address here</u> :	on our records, enter the	name of the new
Name of New Registered Agent:	PAULO R. PINTO		
New Registered Office Address:	368 FAIRFIELD DR.		
		(Enter Florida street addres	is)
	SANFORD	, Florida <u>3277</u> 1	
	(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)

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>	Name	Address	Type of Action
MGRM	CONCEICAO A. PINTO	610 CAMDEN RD. ALTAMONTE SPRINGS FL 32714	Add Remove
MGRM	PAULO R. PINTO	368 FAIRFIELD DR. SANEORD FL 32771	_ □ [7] Add □ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_
			
 Dated	04/29	2005	
		A.S.	
	EDEGAR A. PINTO	mber or authorized representative of a member	
	r	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00