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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG 1 0 2010

EXAMINER

Registration Section .
Division of Corporations .

SUBJECT:		DAY	TONA GOLD LL	-C			
			Limited Liability Compa				
The enclosed A	Articles of Ar	nendment and fee(s) ar	e submitted for filing.				
Please return al	II correspond	ence concerning this m	natter to the following:	**			,
		• •					
			ROBERT D FR	A7FR	•		
• • •	•		Name of Perso		· · · · · · · · · · · · · · · · · · ·		
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			Address	μ		• .	•
	~·	. D	AYTONA BEACH,	FL. 3211	9		
	,		City/State and Zip	Code			
The Late	•	E-mail addr	robertfrazer@cfl.	rr.com	otification)		
For further info	ormation con	cerning this matter, ple	ease call:				,
		T D FRAZER	at (386)	767-12		
	Name of P	erson	Are	a Code & Day	time Telepho	ne Number	
					٠,		
Enclosed is a c	heck for the	following amount:	,	•		•	
\$25.00 Filin		\$30.00 Filing Fee & Certificate of Stat	rus Certified Co		sed)	Certified C	of Status &
	Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Re Di Cli 26	REET/COU gistration Sec vision of Cor ifton Building 61 Executive llahassee, FL	CRIER ADI ction porations g Center Circ	· ·	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A GULD LLO			J. V		
(A Florida Limit	Liability Company as it now appears on our records. Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Comp	any were filed on		02/01/20	09	_and ssi	NINE SEL
Florida document numberL0900010701			•	•	AUG	SE SE SE
This amendment is submitted to amend the following:	,				-9 P3	RYOF
A. If amending name, enter the new name of the limited	liability company	<u>here:</u>			-	ORA
	-					* 15 m
The new name must be distinguishable and end with the words "L" "L.L.C."	Limited Liability Co	ompany,"	the design	ation "LL	C" or the a	bbreviatio
Enter new principal offices address, if applicable:	<u>-</u>	454	· :			•
(Principal office address MUST BE A STREET ADDRESS	2			• ,	•	
	*					
Enter new mailing address, if applicable:		eq.d				
(Mailing address MAY BE A POST OFFICE BOX)	————————————————————————————————————	P .		<u> </u>		
				• ;		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our	records, g	enter the	name of	the ne
			•			
Name of New Registered Agent:		-				
New Registered Office Address:	····		77			
•		Enter Florida street address				
·		···	, Flor	ida		
	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> Name Address Type of Action -MGR -JAMISON M. RANTZ 217 FARMBROOK RD ☐ Add ✓ Remove PORT ORANGE FL 32127 Add Remove ☐ Add ☐ Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00