Division of Corporations

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000105680 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

: (305)670~1991

Fax Number

: (305)670-1993

S														
~	Enter	the	email	address	for	this	busine	955	entity	to	be	used	for	future
÷	∹ ⊊an	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* *

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GOLDEN FEDERAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

APR 29 2016

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Umited L	hilling Company or it new appears on the	racards
(A I	ability Company as it now appears on our lorida Limited Liability Company)	· ·
The Articles of Organization for this Limited Liabil	ity Company were filed on 04/17/2009	and assigned
Florida document number L09000037132		
Tiorida document miniori	······································	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ecords, enter the name of the nev
Name of New (Aggleten Agent.		
New Registered Office Address:	Enter Florida street	addrest
	Lanar From Marine	aroup cun
-	City	, Florida
New Registered Agent's Signature, if changing Regis	•	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the registery company has been notified in writing of this chain	nd complete performance of my duti ed agent as provided for in Chapter stered office address, I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is m that the limited liability
	Page 1 of 3	27 ST
		"TI ".

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
MGR	HALPERN, CESAR	9130 S DADELAND BLVD	
		SUITE 1509	≅ Remove
		MIAMI FL, 33156	rm
			□ Remove
			□ Change
<u> </u>			Add
			Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			Remove
		To the state of th	Change
		SSEF, FLORID	28 The hove
			Change

If amending	any other infor	mation, enter c	hange(s) here:	(Attach additiona.	l sheets, if necess	sary.)	
			. <u> </u>	<u> </u>		_	 -
					_	_ _	
							
							
				,			
		···-					
							
							
							-
,							
						·	
							
document's ef	ate inserted in thi feetive date on th pecifies a dela	s block does not n e Department of S	neet the applicable tate's records.	late of filing or more to e statutory filing red in effective time	quirements, (his d	ate will not b	se listed as
Dated APRIL	28		2016				
		<u> </u>	$\overline{2}$		• • • • • • • • • • • • • • • • • • •	2016	
		Signature of u	number of authorize	d representative of a	member griff	- -	
G &	& G MANAGEM	ENT US LLC	\checkmark		ASSE	28	
***************************************			Typed or printed n	ame of nignee	OF C	U	Ö
			Page 3	of3	STAT	<u>'</u>	_