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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

APR 1 3 2009

EXAMINER

COVER LETTER

Registration Section

Division of Co	rporations		
SUBJECT:	Golde	n Buyer LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	₩. 6
Please return all corresp	ondence concerning this matter	to the following:	10 APR 12 AM 7: 39 SECRETARY OF STATE TALLAHASSEE, FLORIF
		Germaine McFarlane	SSEE.
		Name of Person	FIST T
		Golden Buyer LLC	
		Firm/Company	72
	4	4841 Leonard Blvd S	
		Address	
	L	ehigh Acres FL 33973	
		City/State and Zip Code	
	ge	eemac29@yahoo.com to be used for future annual report	
			notification)
For further information	concerning this matter, please of		
	naine McFarlane	at (239)	839-6720
Name	of Person	Area Code & D	aytime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration S Division of C Clifton Buildi	orporations ing ve Center Circle

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

. IRTICODES	OF INVESTIGATION	•	
Company of the Compan	TO		ONRIZ MT. 39
ARTICLES	OF ORGANIZATI	ON	
	OF		河南 声
	Or		がらる
Gold	en Buyer LLC		
(Name of the Limited Liability (A Florida L	Company as it now appear	s on our records.)	20,
(A FIORIGE LE	ninted Diablinty Company)		937 6
No antono comunicato constitut inicativida		04/20/2009	and assigned
he Articles of Organization for this Limited Liability Co	mpany were med on	04/20/2003	and assigned
lorida document number L0900037652	_•		
his amendment is submitted to amend the following:			
	3 7 1 1 13		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company her	<u>e</u> :	
he new name must be distinguishable and end with the word	s "Limited Liability Compa	ny." the designation	"LLC" or the abbreviation
L.L.C."			
		•	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	ESS)		
THEODIE Office and C.S. WOOT BETT STREET, THE PRO-			
Enten non mailing adduces if applicables			
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BOX)</u>			
		•	
3. If amending the registered agent and/or registe		our records, <u>enter</u>	the name of the new
egistered agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:			
name of New Registered Agent:			
New Registered Office Address:			
Tien Registres Office Audices.	En	ter Florida street a	ddress
	Di.		
		, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Manager Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Address</u> **Type of Action Name** MGRM Germaine McFarlane 4841 Leonard Blvd S **✓** Add Remove Lehigh Acres FL 33973 Colin Hamilton Jr MGRM ✓ Add 225 Beasley Road Oviedo FL 32765 ☐ Remove ☐ Add Remove ☐ Add ☐ Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)(c)

			e. Our	u
Dated	April 7	<u>, 2010</u> .		
	Chanelon Ti	re of a member or authorized representative of a member		
	Signatu	re of a member or authorized representative of a member		
		Chamelon McFarlane		
		Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00