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SECRETARY OF STATE

S. HAWKES MAY 1 3 2009 EXAMINER

## **COVER LETTER**

TO:		Registration Section Division of Corporations				
SUBJI	? <b>~T•</b>	GOLD CARD CL	UB OF AMERICA, L.L.C.			
SUBUL	<u></u>		ited Liability Company			
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please	return all corres	pondence concerning this matte	r to the following:			
			ELLIOT GREENBLATT  Name of Person			
EJG ACCOUNTING SERVICES INC.						
Firm/Company		Firm/Company				
	11465 N. W. 48th COURT					
			Address			
		CORAL	SPRINGS, FLORIDA 33076			
		E IC	City/State and Zip Code  SACCT@PRODIGY.NET			
		E-mail address:	(to be used for future annual report notification)			
For fur	ther information	-concerning this matter, please	call:			
	ELLIC	OT GREENBLATT	at ( 954 ) 695-3411			
	Name	e of Person	Area Code & Daytime Telephone Number			
Enclos	ed is a check for	r the following amount:				
<b>□\$2</b> 5	5.00 Filing Fee	[7]\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			
	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD CARD CLUB OF	AMERIC	A, L.L.C.	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now apper oility Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company we	ere filed on	APRIL 29, 2009	and assigned
Florida document numberL0900041661			e A
This amendment is submitted to amend the following:		D. C.	SCORE
A. If amending name, enter the new name of the limited liabilit	y company ho	ere:	30.7
N/A		n.a	<u> </u>
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		N/A	*
(Principal office address MUST BE A STREET ADDRESS)			
•	·		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			····
<u>-</u>			
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on	our records, enter th	e name of the nev
Name of New Registered Agent:		N/A	
New Registered Office Address:		N/A	
	H	Enter Florida street addr	ess

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	MICHAEL BOUTROS	7520 N. W. 5th STREET STE 200 PLANTATION, FLORIDA 33317	Add _ ☑ Remove
<del></del>			Add Remove
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D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
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	Signature of a member	or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
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Filing Fee: \$25.00