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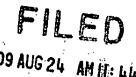
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

10:	Division of Co			•		
SUBJE	CT.	GOLE	PROCK, LLC			
SUBJE			ted Liability Company	_		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	to the following:			
	CHRISTOPHER STAPLETON					
			Name of Person			
	GOLDROCK, LLC Firm/Company					
	1540 GULF BLVD. SUITE 2006					
			Address			
		CLEAR	WATER BEACH, FL. 33767 City/State and Zip Code	_		
	a a a a a a a a a a a a a a a a a a a	E-mail address: (as@goldrocklic.com to be used for future annual report notification)			
For furt	ther information	concerning this matter, please of	call:			
		PHER STAPLETON	at (727) 596-8213			
	Name	of Person	Area Code & Daytime Telephone Num	Der		
Enclose	ed is a check for	the following amount:				
□\$2 5	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations 30x 6327	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**



			CE00	Section of the	
·	GOLDRO	CK, LLC	TALLALIA	RY OF STATE	
. (Name of the Limited (A	<u>Liability Compar</u> Florida Limited L	iy as it now appears iability Company)	on our fectoras. AS	SEE FLORIDA	
•				,	
The Articles of Organization for this Limited Lia	ability Company	were filed on	05/11/2009	and assigned	
Florida document number L09000046	425				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
,	GOLDROC				
The new name must be distinguishable and end with			z " the decimation "I	I C" or the abbreviation	
"L.L.C."	i tile words Lilli	ted Elability Company	, the designation is	LC of the abbreviation	
Enter new principal offices address, if applica	1540 GULF BLVD. SUITE 2006				
(Principal office address MUST BE A STREE	(ADDRESS)				
Enter new mailing address, if applicable:	1540 GULF BLVD. SUITE 2006				
(Mailing address MAY BE A POST OFFICE)	3 <i>0X</i>)				
				<u> </u>	
B. If amending the registered agent and/o			r records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered of	ice address her	<u>e</u> :			
Name of New Registered Agent:	CHRISTOPHER STAPLETON				
New Registered Office Address:	1540 GULF BLVD. SUITE 2006				
	Enter Florida street address				
	CLEARWATER BEACH		, Florida	33767	
		City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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 he 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

Title: <u>Name</u> <u>Address</u> Type of Action **MGRM** CHRISTOPHER STAPLETON 1540 GULF BLVD. SUITE 2006 **✓** Add Remove SOHA FARAH STAPLETON MGR 1540 GULF BLVD. SUITE 2006 ✓ 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.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00