900004648

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| · (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| A. LUNT | | | | | |
| JUL 12 2010 | | | | | |
| EXAMINER | | | | | |

Office Use Only



700182628197

06/28/10--01012--025 **25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2010

SOHA FARAH STAPLETON 1540 GULF BLVD. #2006 CLEARWATER, FL 33767

SUBJECT: GOLD ROCK, LLC Ref. Number: L09000046425

We have received your document for GOLD ROCK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 210A00015889

COVER LETTER

| TO: Registration Division of C | | · | | | |
|---------------------------------------|--|---|-------------------|-----------------------------------|--|
| SUBJECT: | GOLI | DROCK, LLC | ; | | |
| SUBJECT: | | ited Liability Company | : | | |
| · · | | | | | |
| The enclosed Articles | of Amendment and fee(s) are su | bmitted for filing. | : | | |
| Please return all corres | pondence concerning this matte | r to the following: | | | |
| | | STAPLETON | | | |
| • | ., | Name of Person | | ZHII TALL | |
| | | GOLDROCK,LLC | : | | |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | Firm/Company · · | <u>:</u> | E ANN L-9 | |
| | 15 | 1540 GULF BLVD. #2006 | | 3333 P | |
| | | Address | | PR PR ST | |
| | CL | CLEARWATER,FL. 33767 | | F STATE | |
| | | City/State and Zip Code | | | |
| | CAS F-mail address: | @GOLDROCKLLC.COM (to be used for future annual report noti | fication) | | |
| For further information | concerning this matter, please | • | neunon) | | |
| SOHA F | ARAH STAPLETON | at (727) | 596-8213 | | |
| Name | e of Person | Area Code & Daytin | ne Telephone Numb | er | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy | \$60.00 F | ate of Status & | |
| | | (additional copy is enclose | d) Certifie | ed Copy onal copy is enclosed) | |
| MAI | LING ADDRESS: | STPFFT/COUD | ; IFD ADDDFSS• | | |
| Regi | stration Section | STREET/COURIER ADDRESS: Registration Section | | | |
| P.O. | sion of Corporations Box 6327 | Division of Corpo Clifton Building | | | |
| Tallahassee, FL 32314 | | 2661 Executive C Tallahassee, FL 3 | | | |

ARTICLES OF AMENDMENT : TO ARTICLES OF ORGANIZATION OF

| GOL | DROCK, LLC | | | |
|---|---|---------------------------------------|---------------------------|--|
| (Name of the Limited Liability (A Florida L | Company as it now appear imited Liability Company) | s on our records.) | | |
| (| y | | | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on | MAY 11,2009 | and assigned | |
| Florida document number L09000046425 | | | | |
| | ·••* | • | | |
| | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limi | ted liability company her | e: | | |
| , | WO HADRET COMPANY NO. | Ľ* : | | |
| | 1 1 1 1 1 1 1 1 1 | *** | | |
| The new name must be distinguishable and end with the word "L.L.C." | ds "Limited Liability Compa | ny," the designation ' | 'LLC" or the abbreviation | |
| | | | | |
| Enter new principal offices address, if applicable: | | | <u> </u> | |
| (Principal office address MUST BE A STREET ADDR | ESS) | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | SS | |
| Enter new mailing address, if applicable: | | • | MC 9 | |
| • | | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| | | | , | |
| B. If amending the registered agent and/or regist | | ur records, <u>enter</u> | the name of the new | |
| registered agent and/or the new registered office addr | ess nere: | | | |
| | | | | |
| Name of New Registered Agent: SOHA | A FARAH STAPLETO | N | | |
| New Registered Office Address: 1540 | GULF BLVD. SUITE | 2006 | | |
| New Registered Office Address. | Enter Florida street address | | | |
| | CLEARWATER * | , Florida _ | 33767 | |
| · · · · · · · · · · · · · · · · · · · | 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.

II 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 Name Address **Type of Action** MGRM CHRISTOPHER STAPLET 1540 GULF BLVD, #2006 ☐ Add CLEARWATER_FL_33767 ✓ Remove **MGRM** SOHA FARAH STAPLETQ 1540 GULF BLVD, #2006 √ Add CLEARWATER, FL. 33767 ☐ Remove MGR OMAR I. STAPLETON 1540 GULF BLVD, #2006 ✓ Add ☐ Remove Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00