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To:

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

From:

Account Name : AIT PLUS CONSULTING

Account Number : I20080000061 Phone : (407) 582-9830

Fax Number : (407)582-9832

FEB 1.1 2010

EXAMINER

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLDEN BUSINESS SERVICES, LLC

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COVER LETTER

| TO: Registre Division | ation Section of Corporations |
|--------------------------|--|
| SUBJECT: | GOLDEN BUSINESS SERVICES, LLC |
| | Name of Limited Liability Company |
| | icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: |
| | WELLINGTON A. VASCONCELOS |
| | Name of Person |
| | GOLDEN BUSINESS SERVICES, LLC |
| | Firm/Company |
| | 5728 MAJOR BLVD SUITE 268 |
| | Address |
| | ORLANDO, FL 32819 City/State and Zip Code |
| | wellington@wellfergroup.com E-mail address: (to be used for future annual report notification) |
| For further infor | nation concerning this matter, please call: |
| | MARCELO PINHEIRO at (407) 405-2116 Name of Person Area Code & Daytime Telephone Number |
| | Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a che | ck for the following amount: |
| √ \$25.00 Filing | Fee \$\bigcup \\$30.00 \text{ Filing Fee & }\bigcup \\$55.00 \text{ Filing Fee & }\bigcup \\$60.00 \text{ Filing Fee,}\\ \text{ Certificate of Status & }\text{ Certificate of Status & } Certified Copy & Certi |
| | MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GOLDEN | BUSINES | S SERVICES | , LLC | |
|---|---|--|--|---|
| (Name of the Limited L (A F | iability Compar Iorida Limited L | i <mark>v as it now appear</mark> lability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liab Florida document number | were filed on05 | 05/15/2009 | _ and assigned | |
| This amendment is submitted to amend the follow | ing: | | · | |
| A. If amending name, enter the new name of t | he limited liab | ility company ber | <u>e</u> : | |
| WELLFER FINANCIAL | PRODUCTS | & BUSINESS | SERVICES, LLC | |
| The new name must be distinguishable and end with ("L.L.C." | the words "Limi | ted Liability Compa | ny," the designation "U | LC" or the abbreviation |
| Enter new principal offices address, if applicab | 5728 MAJOR | BLVD. | | |
| (Principal office address MUST BE A STREET) | | SUITE 268 | | |
| | - u - | ORLANDO, F | L32819 | |
| | • | | | |
| Enter new mailing address, if applicable: | | 5728 MAJOR BLVD. | | |
| (Mailing address MAY BE A POST OFFICE BC | <u>2X</u>) | SUITE 268 | | |
| | | ORLANDO, F | L 32819 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: | e address here | | | e name of the new |
| New Registered Office Address: | 5728 MAJO | R BLVD. SUITE | = 268 | 500 J |
| | 0 | RLANDO | er Florida street addr | ARRIVE TO THE PROPERTY OF THE |
| New Registered Agent's Signature, if changing Reg | gistered Agent: | City | | FFS F |
| I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch | per and compl red agent as p gistered office ange. | tete performance of provided for in Ch address, I hereby | of my duties, and I an apter 608, F.S. Or, tj | refunition with and finis document is ited liability |

Page 1 of 2

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 = Ma MGRM = J | anager Managing Member | | |
|----------------------|---|---|---------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | ; | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | ding any other information, enter chang | te(s) here: (Attach additional sheets, if necessary.) | |
| Dated | | | 10 FEB 10 SECRETARY TALLAHASSI |
| | WELLING | r or authorized representative of a member TON A. VASCONCELOS or printed name of signee | AM IO: 50 OF STATE EE, FLORIDA |

Page 2 of 2

Filing Fee: \$25.00

Please make the following changes:

- 1) Member Name Change:
 - a. GOLDEN AG. SER. LTDA to WELLFER PRODUTOS FINANCEIROS, AGENCIA E SERVICOS LTDA.
- 2) Member Address Changes
 - a. WELLINGTON A. VASCONCELOS and FERNANDA F. VASCONCELOS
 - i. Previous Address: 14852 LAGUNA BEACH CIRCLE ORLANDO, FL 32824
 - ii. New Address: 5728 MAJOR BLVD. STE.268 ORLANDO, FL 32819