

Division of Corporations

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L09000075758

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

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2009 OCT 14 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GOLDPALUSA, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Estimated Charge | \$25.00 |

C. LEWIS

OCT 15 2009

EXAMINER

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Received Fax: Oct 10 2009 12:55PM Fax Station: THE LAW OFFICES OF NICK SPRADLIN PLLC

10/10/2009 12:01

3053859122

FAMILY DENTISTRY

PAGE 03

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GOLDPALUSA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 08-08-2009 and assigned
Florida document number 109000075758

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOLDPAL, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

(City)

Florida

(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)

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10/10/2009 12:01 3053859122

FAMILY DENTISTRY

PAGE 06

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 |
|-------|------|---------|--|
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
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| | | | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 8th day of October 2009

Signature of member or authorized representative of a member

Gonzalo J. Barranbec
Typed or printed name of signer

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