L09000103752

	Requestor's I	vame)		
	Address)	·······		
	(Address)			
	(City/State/Zip	/Phone #)		
PICK-UF	w	AIT	MAIL	
	(Business En	ity Name)		
(Document Number)				
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T. HAMPTÔN

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EXAMINER

COVER LETTER

Division of C			•
SUBJECT:	CASH FOR GOLD	BY DAYTONA GOLD L	LC .
·	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	•
Please return all corres	spondence concerning this matter	to the following:	
:		ROBERT D FRAZER	
*		Name of Person	
	·		•
•	٠	Firm/Company	
•	2090	S NOVA RD SUITE AA05	•
• *	,	Address	
	DAY	TONA BEACH, FL. 32119	
		City/State and Zip Code	4 ,
	<u> </u>	bertfrazer@cfl.rr.com	
		to be used for future annual report notif	icanon)
For further information	n concerning this matter, please of	call:	
RO	BERT D FRAZER	at (386)	767-1242
Nam	e of Person	Area Code & Daytim	e Telephone Number
Enclosed is a check fo	r.the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

(Name of the Limited Liability (A Florida			
The Articles of Organization for this Limited Liability Florida document number L09000103752	Company were filed on	10/27/2009	SECRETA ISING OF
This amendment is submitted to amend the following:	 '		RY OF S CORPO
A. If amending name, enter the new name of the lin	nited liability company here	<u>e</u>:	RATIONS
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ur records, enter t	he name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Eni	er Florida sireet add	ress
, .	,	, Florida	,
	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.

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

<u>Title</u>	',	Name	Address	Type of Action
MGR		JAMISON M. RANTZ	217 FARMBROOK RD PORT ORANGE, FL. 32127	Add Remove
	•			Add Remove
	•	· · · · · · · · · · · · · · · · · · ·		Add Remove
				Add
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D. Ifam	endin	g any other information, enter change((s) here: (Attach additional sheets, if necessary.)	Remove OJVIS
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	.,		<u> </u>	ED OF STAT ORPORAT
Dated		JULY 29 , 201	<u>0</u>	SNO!
	_	ROB	or authorized representative of a member BERT R ROECK or printed name of signee	
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Page 2 of 2

Filing Fee: \$25.00