

LD9000105338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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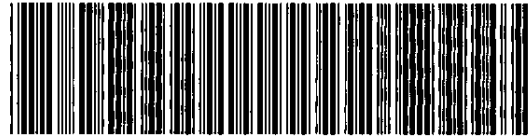
Special Instructions to Filing Officer:

L. SELLERS

JUN 10 2010

EXAMINER

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06/07/10--01035--023 **30.00

FILED
10 JUN -7 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: golden leads, llc
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

matthew benedetto
Name of Person

golden leads, llc
Firm/Company

2740 east oakland park blvd suite 300
Address

fort lauderdale, fl 33306
City/State and Zip Code

mbenedetto@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

matthew benedetto at (954) 678-9607
Name of Person Area Code & Daytime Telephone Number

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 (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**

golden leads, llc

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

The Articles of Organization for this Limited Liability Company were filed on 11/02/2009 and assigned
Florida document number L09000105538.

This amendment is submitted to amend the following:

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

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2740 east oakland park blvd. suite 300

fort lauderdale, fl 33306

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2740 east oakland park blvd. suite 300

fort lauderdale, fl 33306

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

Florida

City

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgrm</u>	<u>daniel minahan</u>	<u>920 ne 16th ter 2n</u> <u>fort lauderdale, fl 33304</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>mgrm</u>	<u>richard pomella</u>	<u>2850 NE 35th St</u> <u>fort lauderdale, fl 33306</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>mgrm</u>	<u>anthony florence</u>	<u>202 se 10th terrace</u> <u>fort lauderdale, fl 33301</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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~~

Matthew Benedetto

Typed or printed name of signee