Division of Corporations **Electronic Filing Cover Sheet**

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(((H150002810763)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KATZ & DOORAKIAN LAW FIRM, P.L.

Account Number : I20100000035

: (561)721-6719

Fax Number

: (561)721-6733

**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 CREEK FARM, LLC

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COVER LETTER

TO: Registration S Division of Co	ection rporations		
GOLDEN SUBJECT:	CRBEK FARM, LLC		
30B)EC1,	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fcc(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DANIEL DOORAKIAN,	ESQ.	
		Name of Person	
	KATZ & DOORAKIAN L	Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: EL DOORAKIAN, ESQ. Name of Person & DOORAKIAN LAW FIRM, P.L. Firm/Company FLAGLER DRIVE, SUITE 605 Address PALM BEACH, FL 33401 City/State and Zip Code CS@KATZLAWPL.COM E-mail address: (to be used for future annual report notification) this matter, please call: at (
		Firm/Company	
	625 N. FLAGLER DRIVE	, SUITE 605	Daytime Telephone Number \$\$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \cute \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \exitin \text{\$\sum \exitin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \exitin \text{\$\sum \exitin \exitin \exitin \exitin \exitin \exi
		Address	
	WEST PALM BEACH, FI	L 33401	
	MVRD S@K ATZI AWDI	•	
	-		cation)
For further information	concerning this matter, please o	all:	
JESSICA MYERS			
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	Certified Copy	Certificate of Status & Certified Copy

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 Nov. 25. 2015 12:45PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 2594 P. 3/5 | (((H15000281076 3)))

GOLDEN CREEK FARM, LLC		
(Name of the Lim	ited Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{12/02}{1}$	2009 and assigned
Florida document number L09000115145	·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	leable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	15 NOV
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on or office address here:	ur records, enter the mome of the n
Name of New Registered Agent:	Doorakian, Daniel Esq.	98 32 98 32
New Registered Office Address:	625 N. FLAGLER DRIVE, SUITE 6	05
* 1511 110 Pinna da Attib & 1 110 desp.	Enter Florida	street address
	WEST PALM BEACH	, Florida ³³⁴⁰¹
	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 605, 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 show, 25, 2015 12:45PM No. 2594 P. 4/5 and address we saw person or removed from our records:

MGR = Manager AMBR = Authorized Member (((H15000281076 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MONASTERIO, TAMARA	3101 FAIRLANE FARMS RD. SU	
		WELLINGTON, FL 33414	■ Remove
			Change
MGR	MORALES, HUGO M	3101 FAIRLANE FARMS RD. SU	Add
		WELLINGTON, PL 33414	■ Remove
			☐ Change
AR	DOORAKIAN, DANIEL ESQ.	625 N. FLAGLER DRIVE, SUITE	\sqrt{\sqrt{2}} Add
		WEST PALM BEACH, FL 33401	□ Remove
			☐ Change
			Remove 15 15 15 15 15 15 15 15 15 1
			Remove 3
			□ Add
			□ Remove
			Change

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on effective date is listed, the date must be specific ote: If the date inserted in this block does not be unent's effective date on the Department of	and cannot be prior to t meet the applica	o date of filing or m ble statutory filin	ore than 90 days after fi	ling.) Pursuan	n to 605 be liste	5.0207 (3)(b) ed as the
record specifies a delayed effective The 90th day after the record is file	e date, but not d.	an effective t	ime, at 12:01 a.i	n. on the	earlic	er of:
NOVEMBER 24	2015					
Signature of	f a member or suthoi	ized representative	of a member			
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