

Office Use Only

G. MCLEOD

OCT - 6 2011

**EXAMINER** 



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SECRETARY OF STATE AHASSEF, FLORE

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## **COVER LETTER**

TO: Registration S Division of C				
SUBJECT: G	OLD EXCHANGE S	TORES INVESTOR	S III, LLC	
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	condence concerning this matter	r to the following:		
		Lisa Cabrera		
		Name of Person		
	Vandeventer Black LLP			
		Firm/Company	<del></del>	
	101	W. Main St., Suite 500		
		Address		
		Norfolk, VA 23510 City/State and Zip Code		
	E-mail address: (	to be us⊧d for future annual repor	tnotification)	
For further information	concerning this matter, please of	cali:		
	isa Cabrera	at ( 757 <sub>)</sub>	446-8544	
Name	of Person		aytime Telephone Number	٠
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	S60.00 Filing Fee,  Certificate of Status ( Certified Copy (additional copy is er	

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

GOLD EXCHANGE STORES INVESTORS III, 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 Florida document number <u>L10000006543</u> .	on January 19, 2010 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability com	any here:			
The new name must be distinguishable and end with the words "Limited Liabili" LL.C."	y Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	SE =			
(Principal office address MUST BE A STREET ADDRESS)	CRETAR LAHASS			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	STATE CORRECT			
B. If amending the registered agent and/or registered office addr	ess 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

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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Randy Shapiro, ESQ

561-852-7502

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or Manshir	g Member being added or remov	mbers on our records, enter the fitte, name, and ad ed from our records:	idress of each Manager
MGR = Ma MGRM = N	inger Innsging Member		
Title	Name	<u>Address</u>	Type of Action
MGRM	S&S Management Enterprises, Inc.	17380 Duneden Ct. Roca Raton, Ft. 33496	Add 7 Remove
MGR_	Price M. Shapiro	101 W Main St. Ste. 500 Nodalk VA 23510.	✓ Acd ☐ Remove
: . • `			And Remove
			Add Remove
,			Add Remove
<del></del> .			Add
D. Framend —	ing any other information, enter o	thange(s) here: (Anach additional sheets, if necessor)	».)
Dated	9/19/11	2017 Aby 2V	
		ember or auchorized representative of a member  RAMDY SHAPIRO  Typed or printed name of signee	<u></u>

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Filing Fee: \$25.00