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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. 1-16 M.

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	GOLD EXCHANGE S	STORES INVESTO	RS II, LLC	
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
		_		
Please return all corres	pondence concerning this matte	r to the following:		
		Lisa Cabrera		
		Name of Person		
	V	andeventer Black LLP	•	
		Firm/Company		
	10	1 W. Main St., Suite 50	00	
		Address		
		Norfolk, VA 23510		
		City/State and Zip Code		
	E-mail address: (to be used for future annual repo	ort notification)	
For further information	concerning this matter, please	call:		
	Lisa Cabrera	at (_757_)	446-8544 Daytime Telephone Number	
Name	of rerson	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 en		f Status &

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 II, LLC

(<u>Name of the Limited Liability</u> (A Florida l	Company as it now apper Limited Liability Company	ears on our records.)	·
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	February 2, 2010	and assigned
This amendment is submitted to amend the following:			,
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Com	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDR	PESS)		AR SE
			TARY ASSET
Enter new mailing address, if applicable:			र्देश 😤 🔃
(Mailing address MAY BE A POST OFFICE BOX)			1:56 STATE LORIDA
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		our records, enter th	e name of the ne
Name of New Registered Agent:	The second secon		
New Registered Office Address:	E	nter Florida street addre	ess
		. Florida	
• Angula de	City	, FIOFIGA	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

MGR = Manager

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:

	Name	<u>Address</u>	Type of Action
MGRM	S&S Management Enterprises, Inc.	17380 Duneden Ct Boca Raton, FL 33496	Add Remove
MGR_	Price M. Shapiro	101 W. Main St., Ste. 500 Norfolk, VA 23510	Add Remove
			Addi Remove
			Add Remove
,			☐Add ☐Remove
			Add
		<u> </u>	
). If amend	ing any other information, enter c	bange(s) here: (Attach additional sheets, if recessary.)	
). If amend	ing any other information, enter c	bange(s) here: (Attach additional sheets, if necessary.)	~
). If amend	ing any other information, enter c	bange(s) here: (Attach additional sheets, if necessary.)	~~ ~~ ~~
). If amend	9/19/11 V 1/10	2011 2011 2011 2011 2014	

Filing Fee: \$25.00