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SECRETARY OF STATE
ALL AHASSEF, FLORING

D. BRUCE
MAR 0 8 7010
EXAMINER

COVER LETTER

		COVER LETTER		
TO: Registration S Division of Co				
SUBJECT:	Golden	Krust #3, LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
	N	/r. Keith A. Clayborne		
•		Name of Person		
•		7K Corp.		
		Firm/Company		
	(6288 NW 42nd Court		
		Address		3 6 =
	C	oral Springs, FL 3306	7	
		City/State and Zip Code		HAR -5
	F-mail addrays:	kmediagrp@aol.com to be used for future annual repo	and notification)	
For further information	concerning this matter, please of		лі пошканоп)	PH 1: 32 OF STATE E. FLORID
Torrester information	concerning this matter, please c	ou 11.		I 1:32 STATE FLORIDA
	h A. Clayborne	at (954)	558-5139	P
Name	of Person	Area Code &	Daytime Telephone Number	г
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	nclosed) Certified	te of Status &
MAII	LING ADDRESS:	STREET/O	COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Go	olden Krust #3, LLC			
(Name of the Limited Lia (A Flo	bility Company as it now apprida Limited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited Liabi		February 15, 2010	_ and assigned	
Florida document number L-100001715	<u>4</u> .			
This amendment is submitted to amend the following.	ng:			
A. If amending name, enter the new name of the	limited liability company	<u>nere</u> :		
·				
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Cor	npany," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable	: 			
<u>(Principal office address MUST BE A STREET A</u>	DDRESS)		至	
			58 3 7	
Enter new mailing address, if applicable:			SE CT	
(Mailing address MAY BE A POST OFFICE BOX)				
			10 = U	
			25 X	
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter the</u>	name of the new	
Name of New Registered Agent:			·	
New Registered Office Address:				
	Enter Florida street address, 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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> Keith A. Clayborne **MGRM** 6288 NW 42nd Court ✓ Add Remove Coral Springs, FL 33067 ∏ Add Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) င္မ်ာ March 4 2010 Dated _ Signature of a member or authorized representative of a member dall Clayborne Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00