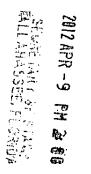
## L100000229148

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	A. L	LUNT
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## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	CLASSIC GO	OLD BUYERS, LLC		
***************************************	Name of Limit	ed Liability Company		
	of Amendment and fee(s) are sub	_		
	DO	MENIC H. CALICCHIA		
		Name of Person		
	PROFESSIONA	L ACCOUNTING SERVICES	S, INC.	₩. N
		Firm/Company	r Se	172
	1520	1520 BOTTLEBRUSH DR. NE		2012 APR
		Address		4
	P/	ALM BAY, FL 32905	711	
		City/State and Zip Code	The same	
	E-mail address: (to	be used for future annual report notificat	ion)	
For further information	a concerning this matter, please ca	ıll:		
Name	e of Person	at (at Code & Daytime To	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	· ·	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &
	LING ADDRESS: stration Section	STREET/COURIER Registration Section	ADDRESS:	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLASSIC GOLD	BUYERS, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Company Florida document numberL10000029148	were filed on MARCH 16, 2	2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designat	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	70 S. ATLANTIC AVE.	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	COCOA BEACH, FL 329	031	
		The second second	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	70 S. ATLANTIC AVE. COCOA BEACH, FL 329	37 3 177	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		nter the name of the new	
	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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			_
<u>.</u>			Add Remove
		· · · · · · · · · · · · · · · · · · ·	∴ Add Embove
			Remove
			∏And Remove
			Add Remove
D. If amen	nding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	-
			_
<del></del>			
_		N	
Dated	MARCH 28,	2012	
	Signature of a	importber or authorized representative of a member	
		SCOTT LEVY Typed or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00