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S. HAWKES
JUN 1 5 2010
EXAMINER

### **COVER LETTER**

TO: Registration Sect Division of Corpo	
SUBJECT: Gold	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Benjamin Glun Bishop Name of Person
	Firm/Company
	539 Seven Bridges Road
	Monticello, FC. 32344  City/State and Zip Code  benjaminales bish of a gracilican  le-mail addjess: (to be used forfuture annihal report notification)
	Deniemingles bish of a gracili Com E-mail addjess: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Senjamin Gl Name of P	erson at (550) 508 - 4536  Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### 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

iability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number LI 0000 0 3 4011 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address 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:

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Elizabeth PBishop	539 Seven Bridges Roam	Add Add Vermove	
MGRM	Matthew T. Bishop	539 Seven Bridges Road Monticello, FL. 32344	Add Remove	
		Ŧ.	Add	
			Add	
Andread Productive State of the Control of the Cont	<del></del>		Remove	
	The state of the s		Add Remove	
	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar) 80-0609628	/ <sub>-</sub> )	
Dated	June 15, 20	<u> </u>		
	Signature of a member	er or authorized representative of a member	<del></del>	
	<u>Senjamin</u> Typec	Jor printed name of signee	<del></del>	

Page 2 of 2

Filing Fee: \$25.00