

~~#~~ L 10000052667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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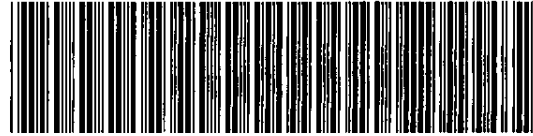
(Business Entity Name)

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12 JAN 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 24 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2012

DAVID S FORMAN, ESQ.
6855 SW 81ST STREET
SUITE 300
MIAMI, FL 33143

SUBJECT: GOLDNER MULTILINGUAL SOLUTIONS L.L.C.
Ref. Number: L10000052667

We have received your document for GOLDNER MULTILINGUAL SOLUTIONS L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 912A00000317

DAVID FORMAN ESQ.

ATTORNEY AT LAW

January 12, 2012

Division of Corporations
P.O. BOX 6327
Tallahassee, Florida 32314

To whom it may concern:

Please find enclosed the original filing form document (Articles of Amendment to Articles of Organization of Goldner Multilingual Solutions, LLC.), executed by the authorized representative of a member for re-filing.

Sincerely,

A handwritten signature in black ink, appearing to read 'David', followed by a long horizontal line extending to the right.

David S. Forman, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Goldner Multilingual Solutions, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David S. Forman
Name of Person

David S. Forman, Esq.
Firm/Company

6855 SW 81st Street, Suite 300
Address

miami, FL 33143
City/State and Zip Code

dforman@davidformanescq.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Forman at (786) 888-0367
Name of Person 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 enclosed) ☒ \$60.00 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**

FILED
12 JAN 23 PM 4:00

Goldner Multilingual Solutions L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/17/2010 and assigned Florida document number ~~212614348~~ #L10000052667

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)

6855 SW 81st Street, Suite 300
Miami, FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6855 SW 81st Street, Suite 300
Miami, FL 33143

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:

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter Gortvai	Gortvai, Peter 1450 Brickell Bay Drive Miami, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David Forman	6855 SW 81st Street, Suite 300 Miami, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

David Forman

Typed or printed name of signee