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J. BRYAN

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EXAMINER

COVER LETTER

то:	Registration S Division of Co				
SUBJI	ECT:	K&RGo	old Recycler, LLC		
5000			nited Liability Company		-
The en	closed Articles o	of Amendment and fee(s) are su	abmitted for filing.		
Please	return all corresp	pondence concerning this matte	er to the following:		
		Robin Pastore Name of Person		-	
			Name of Ferson		
		K	& R Gold Recycler, LLC		
			Firm/Company		المواقعة المعادية الم
			5162 Mariner Blvd.		
			Address		器品
			Spring Hill, Fl. 34609		TARY OF STATE
*			City/State and Zip Code		
		F-mail address:	pastore58@yahoo.com (to be used for future annual report no	atification)	. GRAT
For fur	ther information	concerning this matter, please			Địn Địn
	R	Robin Pastore	at (352)	650-5566	
	Name	of Person		time Telephone Numb	per
		į.			
Enclos	ed 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)	Certific sed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations S Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&R	Gold Recyclers, LLC		_	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability			assigned	
Florida document numberL1000060091	·			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the li				
A. If amending name, enter the new name of the in	miteu nabinty company ner	•		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compar	ny," the designation "LLC" or t	he abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:		SECRETAR	THE IS	
(Mailing address MAY BE A POST OFFICE BOX)		SET OF SE	墨巴	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ur records, enter the name	e of the new	
Name of New Registered Agent:				
New Registered Office Address:	Ent	er Florida street address		
	City	, Florida Zip C	ode	

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 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> Name | <u>Address</u> **Type of Action** Joseph Pastore mgrm 9124 Gallup Cir. ✓ Add Spring Hill, Fl. 34608 Remove Add Remove ☐ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 16 2011 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00