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(Req	uestor's Name)	
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D. BRUCE
DEC 16 2011
EXAMINER

COVER LETTER

ŤO: 1 Registration S Division of Co	ection rporations					
SUBJECT:	Goldensur Name of Limi	Appraisals, LLC				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Dali	La D'Orazio Name of Person				
		Firm/Company				
	PO Box	<u> </u>		4.		
		Address	-		110	queces pe
	St Peter	sburg, FL 3373/		AHAS MAS	EC	
	E-mail address: (Sburg, FL 3373/ City/State and Zip Code Sun 8 @ aol. com to be used for future annual report notifica	ition)	ETARY OF STATE HASSEE, FLORIDA	1 DEC 15 AH II: 38	TILED
For further information of	concerning this matter, please c	eall:		ORID	မာ တ	-
Dalita D Name o	of Person	at (<u>8/3</u>) <u>802 - //</u> Area Code & Daytime T	803 Felephone Number	<u></u>		
Enclosed is a check for t	the following amount:					
25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &		d)

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

Goldensun	Appraisals, LLC	
(Name of the Limited Liab	illity Company as it/now appears on oida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	· · ·	7/20/0 and assigned
Florida document number <u>L1000006 03</u>) <u>d</u>	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the	8, LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		HASS C.
Enter new mailing address, if applicable:		SS en
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		<u> </u>
B. If amending the registered agent and/or re		© m ထ
registered agent and/or the new registered office a	aduress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida 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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			AddRemove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	ssary.)
_			FIL 11 DEC 15 ELGHETARY LLAHASSER
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Dated_/)e	c-12-2011	·	Σ
	00/0/8	er or authorized representative of a member	

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Filing Fee: \$25.00