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SECRETARY OF STATE
ATTAINSSEE, FLORIDA

K. SALY EXAMINER DEC 1 4 2010

COVER LETTER

	_	`	SO VER EDITER		
TO:	Registration Division of C				
A CKID III	row.	Golan S	Solutions, LLC.		
SUBJ			ted Liability Company		
The en	closed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please	return all corres	pondence concerning this matter	to the following:		
			Jorge Di Salvo	· · · · · · · · · · · · · · · · · · ·	
			Name of Person		
		G	iolan Solutions, LLC.		
			Firm/Company		
		1	5030 SW 143 Street		
	Address				
			Miami, FL 33196		
			City/State and Zip Code		
	jdisalvo@golansolutions.com E-mail address: (to be used for future annual report notification)				
For fu	rther information	concerning this matter, please c		anount,	
		orge Di Salvo	at (954)	579-9536	
	Name	of Person	Area Code & Dayt	ime Telephone Number	
Enclos	sed is a check for	the following amount:			
\$25	5.00 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 10 DEC 13 PM 2: 30

G	olan Solutions, LLC.	SEC	MEJARY OF STATE
· (Name of the Limited Li (A Fl	ability Company as it now appear orida Limited Liability Company)		LAHASSEE, FLORIDA
The Articles of Organization for this Limited Liab Florida document numberL1000007474		July 15, 2010	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET A	4DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	: En	ter Florida street add	ress
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = 1	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
Mgr		15030 SW 143 Street Miami, FL 33196	Add Remove			
			Add Remove			
 			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amen	ding any other information, enter change(s)	here: (Attach additional sheets, if necessary.)				
			_ _			
			_			
Dated	<u>) ecember 9⁴⁴, 2010</u>	- Lah				
	Signature of a metroer or	authorized representative of a member				
	Jor Typed or p	ge Di Salvo printed name of signee				

Page 2 of 2

Filing Fee: \$25.00