

Division of Corporations

Page 1 of 1

L10000090229

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000210077 3)))



H100002100773ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN
Account Number : I200700CC020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

2010 SEP 28 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
10 SEP 28 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACA GOLDEN CENTURY, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

J. SAULSBERRY
EXAMINER

SEP 29 2010

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ACA GOLDEN CENTURY, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/27/2010 and assigned
Florida document number L10000090229

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12000 NORTH DALE MABRY HWY

SUITE 110

TAMPA, FLORIDA 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

45 WARWICK AVE

TORONTO, ON. CA M6C 1T9

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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

New Registered Office Address:

12000 NORTH DALE MABRY HWY STE 110

Enter Florida street address

TAMPA

Florida 33618

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.

[Signature]
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>
_____	_____	_____	<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
_____	_____	_____	<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 09/21, 2010.

NICKOLAS J. SPRADLIN
Signature of a member or authorized representative of a member
Typed or printed name of signer

FILED
20 SEP 28 AM 8:52
CLERK OF STATE
TALLAHASSEE, FLORIDA