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.

(((H12000250978 3)))



H120002509783ABC1

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 1 (850)617-6383

From:

: METRO BUSINESS AGENCY, INC. Account Name

Account Number : I20080000101 Phone

: (239)466-8600

Fax Number

: (239)275-0865

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

Email Address:

ف

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GOLDEN CLEANING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. LEWIS

OCT 1 8 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FROM metro business agency

£.

(TUE) OCT 16 2012 18:38/ST. 18:38/No. 9160170871 P OF ALVILLA DIVILLA I SECRETARY OF STATE OIVISION OF CORPORATION: akıtıles üf aivlendiylen i

ARTICLES OF ORGANIZATION

2012 OCT 17 AM 8: 15

GOLDE (Name of the Limited Liability (A Florida	EN CLEANING LLC TY Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number L10000096669	Company were filed on	09/15/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lip	nited liability company he	re:	
The new name must be distinguishable and end with the w	ords "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		•	
(Principal office address MUST BE A STREET ADD	PRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street add	
	ress		
		, 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

or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	SILVIMAR DIAS	15638 SUMMIT PL CIR NAPLES FL 34119	Add Remove
_ _			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	3EC DIVISI
_			SECRETARY OF COP
. —	,		OF STATE ON ORPORATIONS
Dated	OCTOBER 15TH , 20	<u>12</u>	, 6
	Movings & Signature of a member	or authorized representative of a member	
	MEIRI	VAN C RODRIGUES	
	Турей	or printed name of signee	