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EXAMINER

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	GOLICK LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
Please return all c	orrespondence concerning this matter to the following:	
	Knar Petrossian Name of Person	
-	Name of Person	
•	Firm/Company	
	32 Forest Hills Lane Address	
	Address	
	Boca Raton R 33431 City/State and Zip Code	
	·	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Knar P	Name of Person at (305) 815-4513 Area Code & Daytime Telephone Number	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount:	
\$25.00 Filing	Certificate of Status Certified Copy (additional copy is enclosed) 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

GOLICK LO (<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
"L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	ords "Limited Liability Company," the designation "LLC" or the abbreviation ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ad	28		
Name of New Registered Agent:	50		
New Registered Office Address:	Enter Florida street address		
	City Zip Code		
New Registered Agent's Signature, if changing Register	red 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 = Managing Member

Type of Action Title Title **Address** Name 1 Makm ☐ Add Remove Tigran Arutyunyan 3553 NW 26 Court MARM Remove BOLA RATON PL 33434 _ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a prember or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00