

L10 000 113 606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

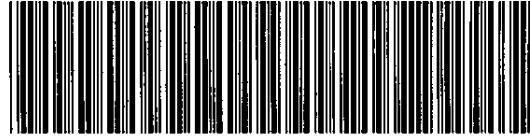
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900270681979

Amend

03/18/15--01012--008 **25.00

FILED
15 MAR 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2015

N. CAUSSEAU

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Golden Tree Investment, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean Joseph

Name of Person

Firm/Company

1515 North Federal Highway Suite 300

Address

Boca Raton, Florida 33432

City/State and Zip Code

jean@evergreenui.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Joseph

Name of Person

at **(754) 422-2130**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

GOLDEN TREE INVESTMENT, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	Winston, Charel	1515 North Federal Highway Suite 300	<input type="checkbox"/> Add
		Boca Raton, Florida 33432	<input checked="" 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

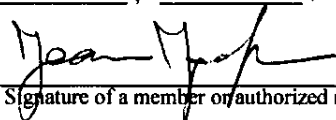
FILED
15 MAR 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **March 13**, **2015**



Signature of a member or authorized representative of a member

Jean Joseph

Typed or printed name of signee

FILED
15 MAR 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA