

L100000131363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FEB 04 2014

D. F. R. J. S.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Gold Vault 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:

Lisa K. Puffer

Name of Person

Broward Power & Electric LLC

Firm/Company

6310 Appaloosa Trail

Address

Southwest Ranches, FL 33330

City/State and Zip Code

karin.lisa@gmail.com

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

For further information concerning this matter, please call:

Lisa K. Puffer

Name of Person

at 305 793-3590

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

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TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

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

The Gold Vault 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 12/27/10 and assigned Florida document number L10000131363.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Broward Power & Electric LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

850 SW 21st Terrace

Fort Lauderdale, FL 33312

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

850 SW 21st Terrace

Fort Lauderdale, FL 33312

**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:

Jeffrey Kramer

New Registered Office Address:

7700 N Kendall Drive #510

Enter Florida street address

Miami

City

, Florida

33156

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 605, 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.*

Jeffrey Kramer

**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGRM	Lisa K. Puffer	16400 NW 2nd Ave. #203	<input type="checkbox"/> Add
		N. Miami Beach, FL 33169	<input checked="" type="checkbox"/> Remove
MGRM	Lisa K. Puffer	6310 Appaloosa Trail	<input checked="" type="checkbox"/> Add
		Southwest Ranches, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT  
JAIL PRISONER  
FILED

FILED

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

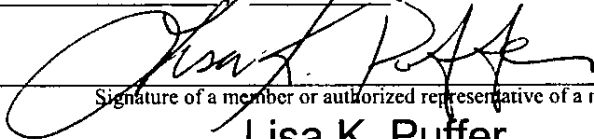
N/A

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 \_\_\_\_\_

Jan. 31 2014



Signature of a member or authorized representative of a member

Lisa K. Puffer

Typed or printed name of signee

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Filing Fee: \$25.00

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