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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. CLINE
OCI 18 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Name of Limited Liability Company		
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Name of Person		
	SiJ Gold LLC Firm/Company		
	1900 Glades Koad, #205		
	Boca Katon Fr 33431 City/State and Zip Code	SECNET	J.J
	E-mail address: (to bouled for future annual report notification)	(A) 100	Earline.
For fur	Name of Person The information concerning this matter, please call: at (S01) 389-5534 Area Code & Daytime Telephone Number	6 AN ED: 5% RY OF STATE REEL FLORIDA	The state of the s
	ed is a check for the following amount:		
J \$2:	6.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Continuous Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tatus &	

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

5+5 60	old LCC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records ability Company)	<u>.</u>)	
The Articles of Organization for this Limited Liability Company vi Florida document number 1100000 4750	1 1		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:	,	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designat	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		30 3	
(Principal office address MUST BE A STREET ADDRESS)		17. CO 17.	
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Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		State State	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		iter the name of the new	
Name of New Registered Agent:		 	
New Registered Office Address:	Enter Florida stree	et address	
	, Florida		
<u> </u>	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. Thereby 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

<u>Title</u> <u>Name</u> **Address** Type of Action lichelle Lusso MGR D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated __ Signature of a member or authorized representative of usun

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00