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T. CLINE

OCT 2 3 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ScJGold 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:	
Susan Teroff Name of Person	
SET Gold LLC Firm/Company	
1900 Glades Hoad # 265	
Boca Raton Fl City/State and Zip Code/	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Susan teroff at (561) 289-5534 Name of Person 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 & Certificate of Status	200
(additional copy is enclosed) Certificate of Status (additional copy is enclosed) Certificate of Status (additional copy is enclosed) (additional copy is:enclosed)	Tu Ti
	DEC.

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

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appears on our records.) The Articles of Organization for this Limited Liability Company were filed on _______ Florida document number 1000001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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 comple 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

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

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<u>Title</u>	Name	<u>Address</u>	Type of Action
MANOR member	Michelle Lasso	1900 Glades Rd., Suite 205 Boxa Ruton, Ec 33496	□⊠dd □ Remove
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			ddd demove
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D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
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Dated	Les	er or anthorized representative of a member	RY GP
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Filing Fee: \$25.00