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12 JAN 27 PM 1: 21

SECRETARY OF STATE ALLAHASSEE, FLORIDA

K.SALY EXAMNER DAN 30 2012

COVER LETTER

ro:	Registration Sec Division of Corp			,		
SUBJI	ECT:	GOLD E	XPRESS LLC			
		Name of Limit	ed Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			ZVI HERMAN LEVY			
			Name of Person			
		G	GOLD EXPRESS LLC			
			Firm/Cотрану			
		6141 HALF MOON DRIVE				
		Address				
		PORT ORANGE FL 32127				
		City/State and Zip Code				
		LEV	YXO48@GMAIL.COM o be used for future annual report notificat			
			·	10n)		
For fin	rther information c	oncerning this matter, please of	all:			
ZVI HERMAN LEVY				75-2801		
	Name o	f Person	Area Code & Daytime T	elephone Number		
Enclos	sed is a check for th	e following amount:				
₹ 32:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

FILED: 12 JAN 27 PM 1:21 SECRLIARY OF STATE TALLAHASSEE, FLORIDA:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD	EXPRESS LLC		
(Name of the Limited Liability (A Florida	Company as it now appear Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability C Florida document numberL11000118038	Company were filed on	10/14/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street ada	lress
	·	, Florida	
•	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, 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

Page 1 of 2

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 Title Type of Action Name <u>Address</u> MGR ZVI HERMAN LEVY ☑ Add □ Remove 6141 HALF MOON DRIVE PORT ORANGE FL 32127 Ađd Remove ∏ Add Remove MbA Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member HERMAN RMAN LEVY
Typed or printed name of signee

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Filing Fee: \$25.00