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(Requestor's Name)				
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(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



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EXAMINER

## **COVER LETTER**

Division of Co			
SUBJECT: JAKE	COLDEN ENTER	PETSES LLC	,
	Name of Lim	ited Liability Company	•
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PETER A. H.	Name of Person  ENTERPRISES, LLC Firm/Company	
	653 MAGUIA	Address SUITE 900	
	JGOLDEN ENT P. C. E-mail address:	City/State and Zip Code  GMAFL. COM to be used for future annual report notification)	>> <b>≠</b>
For further information	concerning this matter, please o		SE S
PETER TOR	2 <i>POR 4</i> of Person	at ( <u>407)</u> <u>895 - 8448</u> Area Code & Daytime Telep	FILED FILED HASSEE FLORIDA
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)
MATI	INC ADDRESS.	STREET/COURSED A)	DDDECC.

Registration Section

Tallahassee, FL 32301

Division of Corporations
Clifton Building
2661 Executive Center Circle

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAKE GOLDEN ENTERPRISE (Name of the Limited Liability Compa) (A Florida Limited I	3, 110		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number \( \frac{\int \int \lambda \text{OOI/9 446}}{\text{Company}} \).	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limit	ted Lighility Company "the decignation "L	(C" or the abbreviation	
"L.L.C."	ted Diability Company, the designation Di	DC of the appreyration	
Enter new principal offices address, if applicable:	653 MAGUERE BLVD.	SUITE 900	
(Principal office address MUST BE A STREET ADDRESS)	653 MAGUIRE BLVD. ORLANDO, FL 32803		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		AND FILED  12 AUG -2 AM  SECRETARY OF TALLAHASSEL, F	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ne name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
,	Enter Florida street address		
	, Florida City Zip Code		
	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

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 = M	nanager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		ange(s) here: (Attach additional sheets, if necessar	12 AUG -2 AH II: 30 SECRETARY OF STATE TALLAHASSEE, FLORID,
– Dated <u> </u>	(m/2)	ber or authorized representative of a member	
		A ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00