

L11000120439

(Requestor's Name)

(Address)

(Address)

(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



600234894656

05/10/12--01017--027 **25.00

FILED
12 MAY 10 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 11 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOLDEN COAST ENTERPRISES L.L.C.
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:

MICHAEL ERB
Name of Person

Firm/Company

16175 JOHN MORRIS RD. #196
Address

FORT MEYERS, FLORIDA 33908
City/State and Zip Code

M.ERB@GOLDEN COAST EXPORTS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL ERB at (209) 649-4351
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 & 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 MAY 10 PM 3: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GOLDEN COAST ENTERPRISES
(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 10/20/11 and assigned Florida document number L11000120439.

This amendment is submitted to amend the following:

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

N/A
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: N/A
New Registered Office Address: _____
Enter Florida street address
_____, 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.

N/A
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

Title	Name	Address	Type of Action
MGR	MICHAEL ERB	9611 N. U.S. HIGHWAY #1-#19.8 SEBASTIAN FLORIDA 32958	<input checked="" type="checkbox"/> Add EXISTING <input type="checkbox"/> Remove
MGRM	DANA L. SANTOS	25 A CRESCENT DR. #137 PLEASANT HILLS CALIFORNIA 94523	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 12 MAY 10 PM 3:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 5/7/12
Michael Erb
 Signature of a member or authorized representative of a member
MICHAEL ERB - MANAGER
 Typed or printed name of signee