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COVER LETTER

TO: Registration Division of	section Corporations	*	
SUBJECT:	GOLD EM	IPORIUM 1, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		VIVINA SABILLON	
		Name of Person	
	GO	LD EMPORIUM 1, LLC	
		Firm/Company	
		12344 SW 127 AVE	
		Address	
		MIAMI, FL	
		City/State and Zip Code	
	INFO@	GOLDEMPORIUM1.COM o be used for future annual report notifications.	eation
For further information	on concerning this matter, please or		
	VINA SABILLON	at (, , , , , , , , , , , , , , , , , ,	517-3996
Nam	ne of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document numberL12000024702	were filed on 2/20/2012 and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abb	reviation
Enter new principal offices address, if applicable:	12344 SW 127 AVE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI , FL 33186	
Enter new mailing address, if applicable:	12344 SW 127 AVE	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI , FL 33186	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	he new
	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 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 Type of Action Title <u>Name</u> Address VIVINA SABILLON MGR 12344 SW 127 AVE. MIAMI. FL 33186 P Add Remove **OMAR ANDRES** MGR 12344 SW 127 AVE. MIAMI, FL 33186 Add ☐ Remove ☐ Add ☐ Remove Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE OF ADDRESS FOR "MGR" OMAR ANDRES TO: 12344 SW 127 AVE MIAMI, FL 33186 MARCH 28 2012 Dated_ Signature of a member or authorized representative of a member **VIVINA SABILLON** Typed or printed name of signee

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Filing Fee: \$25.00