L/20000034702

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Otylotato/Elp/ Holle #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
A. LUNT					
JUN 21 2011					
• • • • • • • • • • • • • • • • • • • •					

EXAMINER

Office Use Only

800236592068

06/20/12--01010--027 **25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	GOLD EN	MPORIUM 1, LLC				
SUBJECT:		ited Liability Company		MIZ JUN 20		
The enclosed Artic	es of Amendment and fee(s) are sui	bmitted for filing.		7 1 L		
Please return all co	respondence concerning this matter	r to the following:				
	, <u></u>	VIVINA SABILLON		THE STATE OF THE S		
		Name of Person				
GOLD EMPORIUM 1, LLC						
	•	_				
		Address		_		
	_					
		City/State and Zip Code	and Zip Code			
For further informa	tion concerning this matter, please	GOLDEMPORIUM1.COI to be used for future annual report no call:	,			
VIVINA SABILLON		at (305)	517-3996			
N	ame of Person	Area Code & Dayt	ime Telephone Numb	er		
Enclosed is a check	for the following amount:					
\$25.00 Filing F	ce \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certifie	ate of Status &		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G	OLD EMPO	RIUM 1, LLC	Single China Thank	0
(Name of the Limited			on our records.)	= 11
The Articles of Organization for this Limited L. Florida document number L12000024	were filed on	2/20/2012	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here	:	
	N/A	4		
The new name must be distinguishable and end wit "L.L.C."	th the words "Lim	ited Liability Compar	y," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	N/A			
		N/A	-	
B. If amending the registered agent and/ registered agent and/or the new registered of			ur records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street address		
		N/A	Florida	N/A

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.

City

Zip Code

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 **MGRM ALLAN J. SABILLON** ✓ Add 12344 SW 127 AVE MIAMI, FL 33186 ☐ Remove ☐ Add Remove ☐ Add ☐ Remove 到的 Add :Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEBRUARY 23 2012 Signature of a member or authorized representative of a member ALLAN JAVIER SABILLON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00