## L12000031454

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE. FLORID

J. BRYAN

APR 16 2012

**EXAMINER** 

## COVER LETTER

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations			
CUDIECT.	GOLDEN.	KEYSTONE, LLC		
SUBJECT:		nited Liability Company		
	f Amendment and fee(s) are su ondence concerning this matte	_	TALLAHASSEE, FLORIT	
		Damaris J. Agosto  Name of Person	PAR: 1	
	Ва	nk of Coral Gables, LLC		
		2295 Galiano Street		
Address				
	C	oral Gables, FL 33134  City/State and Zip Code		
	E-mail address: (	dagosto@bcgfla.com  to be used for future annual report notification	ation)	
For further information of	concerning this matter, please			
	naris J. Agosto	at ( 305 ) 5  Area Code & Daytime 7	00-9501 Felephone Number	
Enclosed is a check for t	he 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)	
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIED Registration Section Division of Corporati		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G	olden Keystone, LLC		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	March 1, 2012	and assigned
Florida document numberL120000314	54		
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the	ing:	<u>:</u>	and assigned
			THOU PA
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	pany," the designation "LI	C" or the abbre viation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	4DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	)X)		
	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	. <i>E</i>	nter Florida street addre	ess
_		, 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

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

MGKM _	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DANIEL C. EGGLAND	2295 GALIANO STREET CORAL GABLES, FL 33134	✓ Add Remove
MGR_	MIGUEL E. CANO	2295 GALIANO STREET CORAL GABLES, FL 33134	Add  Remove
			Add Remove
<del></del>			Add Remove
	····		Add Add CCA
<del></del>			PR 13 PHR: 17
D. If amen 	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	
_			<del></del>
Dated	MARCH 29	2012 - Λ	<del></del>
		per or authorized representative of a member	
		ANIEL C. EGGLAND ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00