

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVERBACK ENTERPRISE SOLUTIONS GROUP, LLC Certificate of Status Certified Copy

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## **COVER LETTER**

	Registration Se Division of Co			
SUBJEC	Silverbad	k Enterprise Solutions Gro	oup, LLC	
SUBJEC		Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	andence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	···
		100 W. Broadway Suit	te 100	
			Address	
		Glendale, CA 91210		
			City/State and Zip Code	
		goldencoastorchards@	gmail.com to be used for future annual repo	et notification)
For furthe	er information of	concerning this matter, please or	•	i indication,
	Vasquez			600 ext 7950
	Name (	of Person		aytime Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	☐ \$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 2014 11:23 20 A

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silverback Enterprise Solutions G		
(Name of the Limited Lin (A Fig.	ability Company as it now appears on our records.) ords Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabilit	ty Company were filed on 03/08/2012	and assigned
Florida document number L12000033577		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Golden Coast Orchards, LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· <u>3</u> —
(Principal office address MUST BE A STREET AL	DDRESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
		. The UT
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>ent</u> address here:	er the name of th
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 Authorized Member on our records, enter the title, name, and address of each Managers
Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Acti
AMBR	Richard Heiligenman II	49355 Via Vaquero	<b>=</b> Add
		Temecula , CA 92590	□ Remove
			☐ Remove
			Remove
			Add₂
			Remove
			20
			□ Add
			□ Remove
			<u>.                                    </u>

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			***************************************
			(optional)
(The effective date must be sp	ecific, cannot be prior to date of receip	or filed date and cannot be	
the date this document is file		or filed date and cannot be	
(The effective date must be sp	ecific, cannot be prior to date of receip	or filed date and cannot be	
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(The effective date must be sp the date this document is file	ecific, cannot be prior to date of receip d by the Florida Department of State)	or filed date and cannot be	more than 90 days after

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Filing Fee: \$25.00

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