

L13000020543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

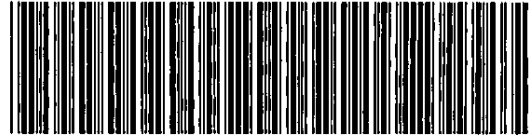
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Amend

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch NOV 7 2013

*Pu*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Golden Halo Enterprises, LLC  
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:

Karen Livingston, Trustee  
Name of Person  
709 SW 5th St  
Firm/Company  
Boca Raton, FL 33486  
Address  
  
City/State and Zip Code  
  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juriah Just at (561) 547-0549  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2013

KAREN ARRINGTON  
709 SW 5TH ST  
BOCA RATON, FL 33486

SUBJECT: GOLDEN HALO ENTERPRISES, LLC  
Ref. Number: L13000020543

We have received your document for GOLDEN HALO ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 713A00024966

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Golden Halo Enterprises LLC

(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 February 8, 2013 and assigned  
Florida document number L13000020543.

This amendment is submitted to amend the following:

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

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)

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TALLAHASSEE FLORIDA

**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: Karen Arrington, Trustee

New Registered Office Address: 709 SW 5th St

*Enter Florida street address*

Boca Raton, Florida 33486

*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.*

Karen Arrington  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Karen Arrington	709 SW 5th Street	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
MGRM	William Arrington	709 SW 5th St.	<input type="checkbox"/> Add
		Boca Raton, FL 33486	<input checked="" type="checkbox"/> Remove
MGRM	Karen Arrington, Trustee	709 SW 5th St.	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
MGRM	William Arrington, Trustee	709 SW 5th St.	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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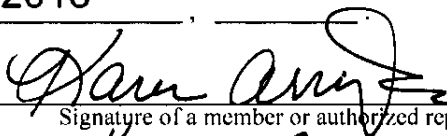
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Dated October 18, 2013



Signature of a member or authorized representative of a member

Karen Arrington

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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