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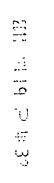
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COVER LETTER

| O: Registration Section Division of Corporations |
|---|
| SUBJECT: EMZA GOLD 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: |
| Robert Stephen Carmack Name of Person |
| EMZA GOLD LLC Firm/Company |
| 8507 Wagon Wheel Lane |
| Hudson, FL 34667 City/State and Zip Code |
| acto steve carmack a gmail. Com E-mail address: (to be used for future annual report plotification) |
| For further information concerning this matter, please call: |
| Robert "Steve" Carmack at 727, 534-0917 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$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

| EMZA GOLD | LLC. | |
|---|---|-----------------------|
| (Name of the Limited Liability Compa- (A Florida Limited L | ny as it now appears on our records.) iability Company) | * |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 3 0 0 0 3 2 3 5 8</u> | were filed on <u>3/4/13</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| The new name must be distinguishable and end with the words "Limited Liab | ility 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) | 12121 Little Road # 291 Hudson, FL. US | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 12121 Little Ro # 291 Hudson, FL. US | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | Zip Code |
| Now Desired Assert Circulates St. Land. Desired Assert | | ?-3 |

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| MGR = M $AMBR = A$ | lanager .uthorized Member | | |
|--------------------|------------------------------|----------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | David Barnes Hoffman | 12121 Little Road | Add |
| | | #307 | Remove |
| | | Hudson, FL. 34667 US | |
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| ir amenuing any | other information, enter cha | nge(s) here: (Attach a | aaitionai sneets, if necessary |
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| the date this docume | other than the date of filing: st be specific, cannot be prior to date int is filed by the Florida Department of | ni receibaci inten anne min cu | 0/4/ (optional) unnot be more than 90 days after |
| Dated UV/Y | 1-2014. | Startu / | |
| | Signature of a me | mber or authorized represen | tative of a member |

Page 3 of 3

Filing Fee: \$25.00