

L130000077382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

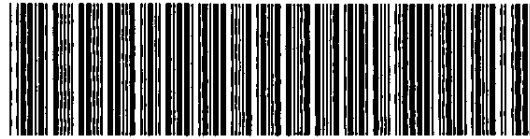
(Business Entity Name)

(Document Number)

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2013 JUN 17 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN 18 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gold Standard Financial
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:

Tavaris Warren
Name of Person

Gold Standard Financial
Firm/Company

1717 Parkway CT
Address

Greenacres, Florida 33413
City/State and Zip Code

goldstandardfinancial@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tavaris Warren at 561 352-6712
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

Gold Standard Financial

(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 May 29, 2013 and assigned
Florida document number L13000077386

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

4095 State Road 7
Suite L-144
B Wellington, FL 33449

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:

New Registered Office Address:

Enter Florida street address

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

MGR = Manager
MGRM = Managing Member

MGBM Tavaris Warren 1717 Parkway CT
Greencroft, FL 33413 Remove

MGRM Christopher Rowe 1834 Shadow Creek Rd
Greenacres, Fl. 33413

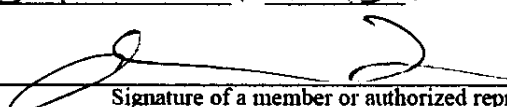
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____ Add _____
 _____ Remove _____

_____ Add
 _____ Remove

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

Dated June 12th 2 . 2013 .



Signature of a member or authorized representative of a member

Jackson Louis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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