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2013 NOV -4 PM 1: 53
SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	GOLD AND Name of Limit	TETALS TRADING ted Liability Company	,)
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Col	Name of Person	
		MOUSSY HOLDING Firm/Company	5 <u>S</u>
	3030	NE 188 TH STR	EET *704
	AVENT	City/State and Zip Code N 612 6 GNAL Co be used for future annual report notification	80.
	E-mail address: (to	N 61'Z (9 GNAIL · C	ion)
For further information c	oncerning this matter, please ca	all:	
CoLin Name o	LAURENT Person	at (786) 5-1 28 Area Code & Daytime Te	2elephone Number
Enclosed is a check for the	ne 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

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lifetiged Light)	O TLETALS TRUS	records CU
(A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	· •	2 /2013 . and assigned
Florida document number <u>413000 1029</u>	8 91	
This amendment is submitted to amend the following:	:	FILT 2013 NOV -4 SECRETAR'S TALLAHASS
A. If amending name, enter the new name of the li	imited liability company here:	ASSEE.
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the c	lesignation "Late" or the abbreviation
Enter new principal offices address, if applicable:		Þ
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	YATTILET RODRIGUEZ	11762 See 15 ST MIAMI	Add
		FL 33184	Remove
			Add
			Remove
			
			Add
			Remove
		TALLI	7013 NOV
		HASSE	Add
		SECRETARY OF STATE TALLAHASSEE, FLORIDA	Remove
		RIDA	_ _
			Add
		 	Remove
 			Add
			Remove

neuding any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
/2	0-12
10/30	. <u>2013</u> . 1
10/30	. 2013. Al.hik
10/30	Signature of a member or authorized representative of a member
10/30	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE