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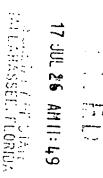
(Requestor's Name)
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COVER LETTER

то:	Registration S Division of Co			
SUBJI	ест: <i>G</i>	olden Eggles Enter	orises LLC	
		Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Kennet	h B Carter Name of Person	
			Name of Person	
			Firm/Company	
		3158 Cr	rested Circle	
			Address	
		Orlando	FL 32837 City/State and Zip Code	
			City/State and Zip Code	
		goldeneagles3e	nterprises@amail. C	COM
		E-mail address: (to be used for future annual report notif	(cation)
For fu	ther information of	concerning this matter, please co	all:	
Þ	henneth B	Carter	at (<u>40'7</u>) <u>738 - 1</u> Area Code Daytime	072
	Name o	of Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for t	he following amount:		
□ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	OETVICE LLC Company as it now appears on our reco	ords.)
(A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 9-05-2	2013 and assigned
Florida document number <u>L/3000/252/3</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Golden Eggles Enterprises The new name must be distinguishable and contain the words "Limited	LLC.	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		5 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		97
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		rds, enter the name of the new
-		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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			Change			
			☐ Remove			
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