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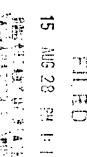
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Grand medications to vining Gineon. |
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Office Use Only



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M. MILLIGAN EXAMINER

SEP - I MILIGAN EXAMINER

SEP - 1 2015

COVER LETTER

| | egistration Sec ivision of Corp | | | | |
|--------------|------------------------------------|--|---|------------------|---------------|
| CUDIFOR | GOLDY'S F | ROI LLC | | | |
| SUBJECT | • | Name of Lim | ited Liability Company | | |
| | | Amendment and fee(s) are sub- | _ | | |
| Please retur | rn all correspo | ndence concerning this matter | to the following: | | |
| | | SHIKO GELB | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 3075 W OAKLAND PARI | K BLVD | 90 g x 1 c | **: *** |
| | | | Address | | |
| | | FORT LAUDERDALE 33 | 311 | | |
| | | | City/State and Zip Code | | |
| | | MIMMANAGEMENT601@ | | · | |
| For further | information co | n:-mail address: () oncerning this matter, please ca | to be used for future annual report notif | ication) | |
| SHIKO GI | EKB | | 954 7948354 at () | | |
| | Name of | Person | Area Code Daytime | Telephone Number | |
| Enclosed is | a check for th | e following amount: | | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & |

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

GOLDY'S ROI 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 Li | iability Company | were filed on 09/9 | 9/2013 and assigned | |
|--|--|--|--|--|
| Florida document number L13000126714 | · | | The state of the s | |
| This amendment is submitted to amend the follow | owing: | | | |
| A. If amending name, enter the new name of | f the limited liab | ility company he | <u>re</u> : | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the de | signation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applic | able: | 3075 W OAKLA | ND PARK BLVD #200 | |
| Principal office address MUST BE A STREET ADDRESS) | | FORT LAUDERDALE, FL, 33311 | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | |
| | | | | |
| registered agent and/or the new registered of Name of New Registered Agent: | | ETATE MANAGEM | IENT LLC | |
| New Registered Office Address: | 3075 W OAKLAND PARK BLVD #200 | | | |
| | | Enter Flori | da street address | |
| | FORT LAUDE | ERDALE | , Florida ³³³¹¹ | |
| | | City | Zip Code | |
| New Registered Agent's Signature, if changing I | Registered Agent: | <u> </u> | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this | er and complete stered agent as registered office change. | performance of provided for in Conduction and address, I hereb | my duties, and I am familiar with and hapter 605, F.S. Or, if this document is | |

Page 1 of 3

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> | <u>Address</u> | Type of Action |
|---------------|--|--|---|
| MGR | M.I.M. real estate managment | PO BOX 4175 | ☐ Add |
| e " e leser e | and the second of the second o | FORT LAUDERDALE, FL 33338 | Remove |
| | | | Change |
| MGR | SNS real estate managment | PO BOX 4175 | ■ Add |
| | | FORT LAUDERDALE, FL 33338 | □ Remove |
| | a more an area. | | Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | 🗖 Add |
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| fective date, if other than the neffective date is listed, the date mote: If the date inserted in this cument's effective date on the record specifies a delayer the 90th day after the re | block does not meet the Department of State's re ed effective date, b | applicable statutor ecords. | ry filing requireme | nts, this date will not b | be listed as |
| AUG 24 | 2015 | | | | |
| | , | <u> </u> | | | |
| - | | M | | | |
| | Signature of a member of | or authorized represe | entative of a member | • | |
| SHIKO GELB | Signature of a member of | or authorized represe | entative of a member | - | |

Filing Fee: \$25.00