

L14000002891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

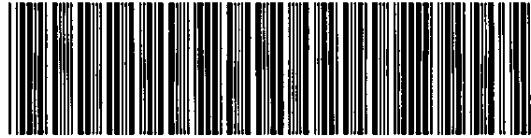
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 JAN -6 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 16 2015  
D. BRUCE

January 12, 2015

Goldbytheinch.com, LLC

PO Box 970937

Coconut Creek, FL 33097

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: Correspondence dated January 2, 2015

Doc. Number L14000002891

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TALLAHASSEE FLORIDA

Dear Ms. Bruce:

In compliance to your letter referencing my request for change of Registered Agent, I am returning the original document that I submitted with corrections made as required along with your letter.

I also have enclosed a new document which I found on your website because I think it is the one I should have used the first time. I hope that one of these will be sufficient to complete my request to change the Registered Agent for my company.

Additionally I request that you change your records to reflect my email address as [didancing4fun@gmail.com](mailto:didancing4fun@gmail.com) for all correspondence and notices.

Please contact me at 954-428-4414 should you require additional information.

Regards,



Paul Holleran

MMGR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 2, 2015

PAUL HOLLERAN  
4811 LYONS TECHNOLOGY PKWY, STE 1  
COCONUT CREEK, FL 33073

SUBJECT: GOLDBYTHEINCH.COM, LLC  
Ref. Number: L14000002891

We have received your document for GOLDBYTHEINCH.COM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 615A00000035

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Goldbytheinch.com,LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Holleran

Name of Person

Goldbytheinch.com,LLC

Firm/Company

PO Box 970937

Address

Coconut Creek, FL 33097

City/State and Zip Code

accounting@goldbytheinch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Holleran

at ( 954 ) 428 4414

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Goldbytheinch.com, 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 Liability Company were filed on Jan 7, 2014 and assigned  
Florida document number L14000002891

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)**

**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: Paul Holleran

New Registered Office Address: 4811 Lyons Technology Parkway, Suite 2  
Enter Florida street address

Coconut Creek, Florida 33073  
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.*

Paul Holleran  
**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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

*Paul Helle*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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