

L14000015359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

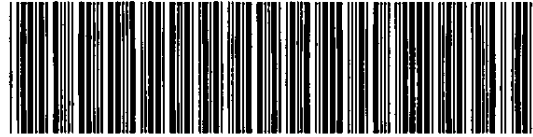
(Business Entity Name)

(Document Number)

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B. BOSTICK

APR - 2 2014

EXAMINER

2014 APR 02 10:10:02 AM
2014 APR 02 10:10:02 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABLAZE GREEN MANAGEMENT AND SERVICES, LLC

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:

FRANK GONGORA

Name of Person

GONGORA WORLDWIDE TRADING, LLC

Firm/Company

5805 HONEYSUCKLE DR

Address

WEST PALM BEACH, 33415

City/State and Zip Code

GWTLIC@COMCAST.NET

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

For further information concerning this matter, please call:

FRANK GONGORA

Name of Person

305 8789340

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the 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

2011 APR 21 10 46 AM

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

ABLAZE GREEN MANAGEMENT AND SERVICES, 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 01/28/2014 and assigned Florida document number L14000015359.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOLDEN HANDS MANAGEMENT, LLC

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)

1263 W 38TH PL

HIALEAH, FL 33012-4747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5805 HONEYSUCKLE DR.

WEST PALM BEACH, FL 33415

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 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 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>
MGR	GONGORA WORLDWIDE TRADING, LLC		<input type="checkbox"/> Add
		5805 HONEYSUCKLE DR,	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33415	
MGR	LETICIA GONGORA	1263 W 38TH PL	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33012-4747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 MARCH, 27, 2014



Signature of a member or authorized representative of a member

FRANK GONGORA

Typed or printed name of signee

2014 MAR 31 PM 12:12