2/4000030464

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	L 14-3 cument Number)	0464
Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2014

MLGUEL OCEJO LLAMAS 1638 NESTLEWOOD TRAIL ORLANDO, FL 32837

SUBJECT: THE GOLD BRUSH LIMITED LIABILTY COMPANY

Ref. Number: L14000030464

We have received your document for THE GOLD BRUSH LIMITED LIABILTY COMPANY and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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

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

Agnes Lunt Regulatory Specialist II

Letter Number: 014A00007381

COVER LETTER

TO: Registration, Section Division of Corporations					
SUBJECT: The GO	.D Brue	h, LC			
	Name of Limited Liabil	ity Company			
The enclosed Articles of Amendment and	fee(s) are submitted fo	r filing.			
Please return all correspondence concerni	g this matter to the fol	lowing:			
Mig. The		D Llama:	S LC	20	
		m/Company			T ;
1705	tatlen	Mam Wa	· <u>Y</u> .	2014 HAY 22 P	AZMAYA
<u>brlo</u>	-	3233 ate and Zip Code att - net for future annual report noti	(fication)	PH 406	gament,
For further information concerning this m		To ratare annual report non			
	-		272		
Mana Kiules Name of Person	at		8728 ne Telephone Number	<u></u>	
Enclosed is a check for the following amo	unt:	·	·		
□ \$25.00 Filing Fee □ \$30.00 Fili Certificat	e of Status Co	5.00 Filing Fee & ertified Copy Iditional copy is enclosed)	Certified C	of Status &	
MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Gol	D Brus					
(Name of the Limited (A	Florida Limited Liab	ility Company)	our records.)			
The Articles of Organization for this Limited Liab Florida document number L140003		re filed on 2	121/20	214	and assi	gned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	e limited liabilit	company here:				
The new name must be distinguishable and end with the wor	rds "Limited Liability	Company," the desig	gnation "LLC" or	the abbrev	iation "L	.L.C."
Enter new principal offices address, if applicab	le:					
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		<u> </u>	; %	20	
	_	<u> </u>			山田	Miles and ser A g
Enter new mailing address, if applicable:	_			45.5 × × × × × × × × × × × × × × × × × ×	22	\$ C P - C
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			<u> </u>	모	
	_			(B)	#: D6	
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on ou	r records, <u>er</u>	iter the		of the nev
Name of New Registered Agent:						
New Registered Office Address:		Enter Florida s				
		Enter rivrida s	weet adaress			
	····	City	, Florida		o Code	
		Cuy		Z.i,	o Coae	

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager,

AMBR = Aut	horized Member		
Title AMBL	<u>Name</u>	Address	Type of Action
	Maria Rivera	3010 Julip Drive	I D_Add
		Kissimme, Fl 3474	☐ Remove
	11:11:0		
MGR	MATKET COSTITIO	owwlast Eog c	
		Citu, Kissimme, F	D Remove
		34743	
AM	Daisy Deligero	34743 1705 ta Henhami Orlando, Fl 32837	~24 May
		polando, FI 32837	Remove
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ffective date, if	other than the date of f	iling:		(optional)
he effective date manual the date this docume	ist be specific, cannot be prior int is filed by the Florida Depar	to date of receipt or file riment of State)	d date and cannot be more tha	n 90 days after
Dated <u>5</u>	May	_, <u>zoly</u>	. •	
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	Mia. 10	of a member or authori		er
		00010	name of signee	

Page 3 of 3

Filing Fee: \$25.00

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