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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: FLE	SFP LLC Name of Limi	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	Eric Gun	Name of Person		
	FLBFP L	-LC Firm/Company		
		1 Trace Circle Address		
	Delray Bea	City/State and Zip Code		
Delray Beach, FL 33445 City/State and Zip Code E-mail address: (to be used for future annual report notification)				
For further information co	ncerning this matter, please ca			
Eric Gunt Name of	NEV Person	at (<u>\$61</u>) <u>400 - §</u> Area Code Daytime	74 7 4 Telephone Number	
Enclosed is a check for the	e 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

TO ARTICLES OF ORGANIZATION OF

FLBFP LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on Nov 16, 20	15 and assigned
Florida document number <u>L 15000193388</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Goldbranch LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	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)		
-	, , , , , , , , , , , , , , , , , , ,	
D If amounting the project of a control of the cont		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records,	enter the name of the new
		7 5
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		78.8 ASS
NOW REGISTER OF TRAILESS.	Enter Florida street address	Fig. ≥
	, Flori	ida C S C
— ·	City	7ip 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
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T Effective data if other	4b 4bl-4 6 611			田村(Ø)	
(If an effective date is listed	er than the date of filing:	not be prior to date of filing or m	optional ore than 90 days after filin	1) 12.) Pursu	ant to	505.0207 (3)(b
Note: If the date insert	ed in this block does not meet	the applicable statutory filin	g requirements, this da	te will n	ot be l	isted as the
document s effective di	ate on the Department of State	s records.				
If the record specifies (b) The 90th day afto	a delayed effective date	e, but not an effective t	time, at 12:01 a.m	i. on th	e ea	rlier of:
(b) The Sounday and	er the record is filed.					
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Dated Decev	mber 28,	2015				
		/ /.				
	Signature of a mem	ber or authorized representative	of a member			
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