

**LLC0001875**  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : TAXLEAF.COM INC  
 Account Number : I20140000084  
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**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 ALIMENTOS PROCESADOS DEL OLIVO LLC**

Certificate of Status	0
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Page Count	01
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALIMENTOS PROCESADOS DEL OLIVO 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 01/04/2016 and assigned Florida document number L16000001875

This amendment is submitted to amend the following:

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

GOLDEN BRUSH OF AMERICA 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

City, Florida 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

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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	SOLUTIONS BY ACCOUNTANTS INC	1549 NE 123RD ST	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
AMBR	BARCELONA COMERCIO LLC	3111 N UNIVERSITY DR STE 105	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
AMBR	BARCELONO COMMERCIO LLC	3111 N UNIVERSITY DR STE 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
AMBR	DAMACENO ZACCARIA, DEBORA S	444 PONCE DE LEON BLVD #6	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
AMBR	FELZENER, SERGIO C	3111 N UNIVERSITY DR STE 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
AMBR	SA PANTALIAO, BRUNO	685 NE 193RD TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove

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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 SEPTEMBER 1ST, 2016

*M-N*

Signature of a member or authorized representative of a member

MIKE NATARUS

Typed or printed name of signer

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