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COVER LETTER '

	legistration S Division of Co			
SUBJECT		IDEAS GROUP LLC		
Jobstic		Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all corresp	ondence concerning this matter	to the following:	
		<u> </u>	Name of Person	
		HISPANIC FINANCIAL		
			Firm/Company	
		7401 WILES RD SUITE I	26	
		-	Address	
		CORAL SPRINGS, FL 33	067	
		apatino@hispanietaxine.cor		V
Ear front	: 6		to be used for future annual report notifi	cation)
JHON F PA		oncerning this matter, please co	954 509-3745	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEVEN IDEAS GROUP LLC		
(Name of the Limited Liability Co	mpany as it now appears on our reco	rds.)
(A Florida Limi	ited Liability Company)	7/5/20/6 and assigned
	a 01/28/2019	7/5/018
he Articles of Organization for this Limited Liability Comp	any were filed on onzorzony	and assigned
orida document number L16000127169		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
OUR GOLDEN LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "Ll	C" or the abbreviation "L. L. C."
		-
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:		5 5 T
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
. If amending the registered agent and/or registered	1 -ce	
gistered agent and/or the new registered office address l	omice address on our recor	ds, enter the name of the r
gistered agent and/or the new registered office address i	nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	. F	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			
			D Add
			Remove
			Change
			□ Remove
		<u> </u>	Change
			
		 _	Remove
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). II amenu	ing any other information				-	ecessary.)	
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Note: If the	date, if other than the date date is listed, the date must be date inserted in this block is effective date on the Department.	c does not meet t	the applicable :	te of filing or more statutory filing r	(op e than 90 days aft requirements, th	tional) er filing.) Pursuant t nis date will not be	o 605.0207 (3 e listed as th
the record) The 90	d specifies a delayed e th day after the record	ffective date, d is filed.	, but not an	effective tin	ne, at 12:01	a.m. on the e	arlier of:
Dated JAN	NUARY 28	<u>20</u>	019				
	JHOU Sign	gnature of a memb	er or authorized	representative of	a member		-
	JHON F. PAJOY			•	-		
		Type	ed or printed nam	ne of signee			_

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Filing Fee: \$25.00