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(Requestor's Name)	
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(Business Entity Name)	
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DEPARTMENT OF SIA

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SECRETARY OF STATE

K. SALY MAY 3 0 2017

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WALK IN

	CERTIFIED COPY	
Ą	РНОТОСОРУ	
	cus	
	FILING	Amendment
_	FILING A GOLD STANDARD (CORPORATE NAME AND DOCUMENT #)	GROUP, LLC
-	(CORPORATE NAME AND DOCUMENT #)	
-	(CORPORATE NAME AND DOCUMENT #)	
=	(CORPORATE NAME AND DOCUMENT #)	
-	(CORPORATE NAME AND DOCUMENT #)	
_	(CORPORATE NAME AND DOCUMENT #)	

COVER LETTER

Division of Corp		
SUBJECT:A	GOLD STANDARD GROUP LLC Name of Limited Liability Company	
	Name of Emitted Daving Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspor	ndence concerning this matter to the following:	
	MARTA STEWART Name of Person	
	M. STEWART AND COMPANY Firm/Company 570 LEXINGTON GREEN LANE Address	
	Finiscompany	
	570 LEXINGTON GREEN LANE	
	Address	
	SANFORD, F2 32771 City/State and Zip Code	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con	oncerning this matter, please call:	
MARTA	STEWART at (407) 323-8332 Person Area Code Daytime Telephone Number	
Name of	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclosed)	tus &

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

FILED

2017 MAY 26 AM 8: 19

TALLAHASSEE. FLORIDA

A GOLD ST (Name of the Limited Lie (A Fig.	ANDAI	RD GRO	on our records.)	ALLAHASSEE. FLOR
(A Flo	orida Limited L	iability Company)		ַלאָט.
The Articles of Organization for this Limited Liabilit		were filed on	MAY 3,20	17 and assigned
Florida document number <u>F7 70000 78</u>	100			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabil	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "	Limited Liabili	ity Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA		Not represent the second
(Principal office address MUST BE A STREET AD	ODRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	NA		
B. If amending the registered agent and/or re registered agent and/or the new registered office a			our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	NA			
New Registered Office Address:			·····	
		Enter Floria	la street address	
_			, Florida _	
		City		Zıp 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 = Manager AMBR = Authorized Member

AMBR FABIO BENOIT 5121 Hawks Hammock Way Add Sanford, FL 32771 Remove Change AMBR ANA PAULA BENOTT 5121 Hawks Hammock Way Add Sanford, FL 32771 Remove	tion
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AMBR ANA PAULA BENOTT 5121 Hawks Hammock Way DAdd	:
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Change	
AMBR LESLIE I. GOLDSTEIN SIZI Hawks Hammack Way And	
Sanford, F2 3271 DRemove	
Change	
AMBR DAVID J. GOLDSTEIN 5121 Hawks Hammack Wage and	
Sanford, Fr 32771 Remove	
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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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FABIO BENOIT	5121 Hawks Hammock W.	ay □ Add
		Sanford, FL 32771	Remove
			☐ Change
<u>AMBR</u>	ANA PAULA BENOTT	5121 Hawks Hammock U	<u>'lay</u> □ Add
		Sanford, 52 32771	Remove
			Change
AMBR	LESLIE I. GOLDSTEIN	5121 Hawks Hammack W	ay Ando
		Sanford, 52 32711	□ Remove
			Change
AMBR	DAVID J. GOLDSTEIN	5121 Hawks Hammackle	hop and
		Sanford, Fr 32771	Remove
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			Sadade U
			□ Remove
			□ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated May 24. 2017.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
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ated Mary 26. 2017.				effective time, at	12:01 a.m. on t	he earlier of:
Signature of a member or authorized representative of a member	ated <u>Mae</u>	Signature of a	2017. Well Left member or authorized	representative of a memb	er	

Page 3 of 3

Filing Fee: \$25.00