

L17000262657

01-12-'18 11:32 FROM-

Marc Shapiro, PA

239-649-8057

T-015 P0001/0005 F-198

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000015250 3))



H180000152503ABCW

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MARC L. SHAPIRO, P.A.
Account Number : I20080000007
Phone : (239) 649-8050
Fax Number : (239) 649-8054

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TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOLDEN REDEEMER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

JAN 12 2018

J. LEGGETT
JAN 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN REDEEMER, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hafida El kadiri

Name of Person

Marc I. Shapiro, PA

Firm/Company

720 Goodlette rd N #304

Address

Naples, FL 34102

City/State and Zip Code

hafida@attorneyshapiro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hafida

at (239) 649-8050
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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

GOLDEN REDEEMER, 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 12/27/2017 and assigned
Florida document number L17000262657.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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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JAN 12 AM 8:58
TALLAHASSEE, FLORIDA

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

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

01-12-'18 11:33 FROM: Marc Shapiro, PA 239-649-8057 T-015 P0004/0005 F-198
 or removed from our records: H18000015250 3

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CAMIL, SABINE	4752 25TH PL SW	<input type="checkbox"/> Add
		NAPLES, FL 34116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

... as indicated by date and time, case change(s) etc. (number additional copies, if necessary)

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E. Effective date, if other than the date of filing: _____ (optional)
(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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated January 12th, 2018

Marc L. Shapiro
 Signature of a member or authorized representative of a member

Marc L. Shapiro, authorized representative
 Typed or printed name of signee