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NOTE: THE PROPERTY OF THE SECOND COMMENTS OF THE SECOND COMME

JUL 2 : 22:3

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Colden Mile LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
Cyner Carcici Name of Person				
Coolden Mile LCC Firm/Company				
1421 5 W 107 AVE				
City/State and Zip Code (Adelen Mile TG Q Q Q Q COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Source Source at (306) 804-4916 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

(E)

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 (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 Florida document number <u>L.1970055074</u> 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) 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 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

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MCR	Javier Garcias		
			□ Remove
		1421 5W 101 Ave, Migmi /1	☑ Change
			
			Remove
			Change
			Add
			Remove
			Change
	·		Add
			Remove
			Change
			Add
			□ Remove
		 	☐ Change
			□ Add
			□ Remove
			Change

. mam	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u></u>
	
Note	etive date, if other than the date of filing:
the re) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	$\frac{1}{7}$
	Signature of a member or authorized representative of a member Our Cicy

Page 3 of 3

Filing Fee: \$25.00