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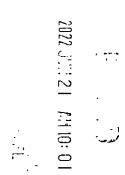
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

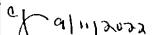
Office Use Only



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### **COVER LETTER**

Division of Corporations
SUBJECT: PAPA WILSON'S PRECIOUS METALS 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:
Christopher Wilson Name of Person
PAPA WILSONS PRECIOUS METALS LLC
2875 No 191 Street Suite 500 # 220
Aventura FL 33/80  City/State and Zip Code  Purple Clous Metals @ mail. Com  4-mail address: (to be used for future annual report politication)
For further information concerning this matter, please call:
Christopher Ullson at 305 206 - 3794  Name of Person at 305 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAPA WISON'S PRECI (Name of the Limited Liability Compa (A Florida Limited I	NAS it now appears on our records.)  Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	01/00/0000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil:  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "L.C."  2875 NE 191 Street  Suite 500 # 220  Aventura, FL 33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2624 SW 83rd terr. Miramar, FL 33025
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□Change
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ecord specif is filed.	fies a delayed effi	ective date, but	t not an effe	ective time, a	112:01 a.m. o	n the earlier of	i: (b) The 90	th day after the
ted <u>J</u>	me 1.	7	_, 20	)22.				
		<i>,</i> •	/	). 1				
		Signature	of a member	or authorized	representative (	of a member	<del>_</del> ·	<del></del>