

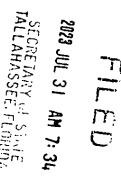
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| endment and fee(s) are su | bmitted for filing. | | |
| nce concerning this matte | r to the following: | | |
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| | Registi | ration Section | ons |
| | E-mail address: crining this matter E-mail address: crining this matter, please son clowing amount: 330.00 Filing Fee & | Name of Limited Liability Company endment and fee(s) are submitted for filing. nee concerning this matter to the following: Company Company | Name of Limited Liability Company endment and fee(s) are submitted for filing. Ince concerning this matter to the following: CHANGE GOLD Name of Person Firm/Company 481 Dryden Rd Address City/State and Zip Code E-mail address: (to be used for future annual report notification) erning this matter, please call: Area Code Daytime Teleph following amount: Stone Status Certified Copy (additional copy is enclosed) |

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

| Laras V | inul Floxina IIC |
|--|--|
| (Name of the Limited Liability (A Florida | y Company as it now appears on our yecords.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co Florida document number <u>L 730032</u> | ompany were filed on $\frac{7}{7}$ $\frac{1}{7}$ $\frac{1}{3003}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit | ted liability company here: |
| The new name must be distinguishable and contain the words "Limit | ted 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 ADDR. | ESS) |
| | THE SHAPE |
| Enter new mailing address, if applicable: | SSEEL A |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | 57. 62 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>enter the name of the new registered</u> |
| 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: |

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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

company has been notified in writing of this change.

| or removed | from our records: | e . | |
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| cord specifies s filed. | a delayed effe | ctive date, but n | ot an effective tir | ne, at 12:01 a. | m. on the ea | arlier of: (b) | The 90th o | day after the |
| ed <u>J</u> | 1412 | | . 202 | 3 | | | | |
| | | Signature of | Lun | Jula | |) pher | | |
| | 1 | Signature of | a momber or autho | rized representa | uive of a men |) nber | | |

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