

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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 SANDS SMG, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY -6 2014



May 5, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GOLDEN SANDS SMG, LLC
C/O SFCM
3100 NW 72ND AVE STE 113
MIAMI, FL 33122

SUBJECT: GOLDEN SANDS SMG, LLC
REF: M14000002339

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H14000105866
Letter Number: 714A00009506

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: GOLDEN SANDS SMG, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 04/07/2014

SECTION II (4-7 complete only the applicable changes)


4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Melr Srebernik - Member and Gil Kivetz - Member

7. Attached is an original certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Gina Mulligan as Attorney - in- Fact

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2014 MAY -2 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA