

M16000006549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2016 NOV 21 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

NOV 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WIGWAM GOLD HOLDINGS LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUSSELL A OLSON

Name of Person

WIGWAM GOLD HOLDINGS LLC

Firm/Company

2543 MONTCLAIRE CIRCLE

Address

WESTON, FL 33327

City/State and Zip Code

lauren@alishomes.com

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

For further information concerning this matter, please call:

RUSSELL A OLSON at (786) 246-0093
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: WIGWAM GOLD HOLDINGS LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M16000006549

3. Jurisdiction of its organization: NEVADA

4. Date authorized to do business in Florida: 8/12/2016

SECTION II (5-9 complete only the applicable changes)

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

6. If amending the registered agent and/or registered officer 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

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TALLAHASSEE, FLORIDA

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

REMOVE AN AUTHORIZED MEMBER AND ADD A NEW AUTHORIZED MEMBER

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	EQUITY TRUST COMPANY CUSTODIAN FBO RUSSELL A OLSON IRA	2543 MONTCLAIRE CIRCLE	<input type="checkbox"/> Add
------	--	------------------------	------------------------------

		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
--	--	------------------	--

AMBR	MIDLAND IRA, INC. FBO RUSSELL A OLSON #1701492	2543 MONTCLAIRE CIRCLE	<input checked="" type="checkbox"/> Add
------	--	------------------------	---

		WESTON, FL 33327	<input type="checkbox"/> Remove
--	--	------------------	---------------------------------

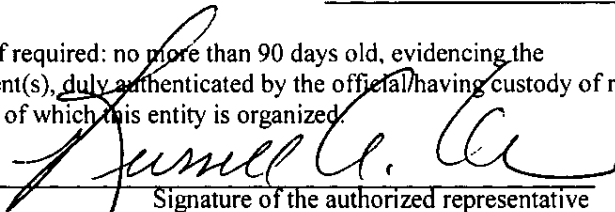
			<input type="checkbox"/> Add
--	--	--	------------------------------

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

9. Attached is a 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

RUSSELL A OLSON

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

RUSSELL A OLSON
WIGWAM GOLD HOLDINGS LLC

Job: C20161110-1317
November 10, 2016

NV

Special Handling Instructions:
11-10-16 CC/AMEND/EMAIL/ALF

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Amendment	20160494488-86	11/8/2016 10:24:17 AM	1	\$175.00	\$175.00
Copies - Certification of Document	20160494488-86	11/8/2016 10:24:17 AM	1	\$30.00	\$30.00
Total					\$205.00

Payments

Type	Description	Amount
Credit	4788252447676818304017	\$205.00
Total		\$205.00

Credit Balance: \$0.00

Job Contents:
Certified File Stamped Copy(s): 1

RUSSELL A OLSON
WIGWAM GOLD HOLDINGS LLC

NV

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



JEFFERY LANDERFELT
*Deputy Secretary
for Commercial Recordings*

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

November 8, 2016

Job Number: C20161110-1317
Reference Number:
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20160494488-86	Amendment	1 Pages/1 Copies



Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: A Frieser
Certificate Number: C20161110-1317
You may verify this certificate
online at <http://www.nvsos.gov/>

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-6708
Website: www.nvssos.gov



192603

**Amendment to
Articles of Organization**
(PURSUANT TO NRS 86.216)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20160494488-86 Filing Date and Time 11/08/2016 10:24 AM Entity Number E0345422016-8
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Amendment to Articles of Organization
For a Nevada Limited-Liability Company
Before Issuance of Members Interest
(Pursuant to NRS 86.216)

1. Name of limited-liability company:

WIGWAM GOLD HOLDINGS LLC

2. The articles have been amended as follows: (provide article numbers, if available)*

ARTICLE 5:

REMOVE MANAGING MEMBER: EQUITY TRUST COMPANY CUSTODIAN FBO RUSSELL A OLSON IRA
2543 MONTCLAIRE CIRCLE WESTON, FL 33327

ADD MANAGING MEMBER: MIDLAND IRA, INC. FBO RUSSELL A OLSON #1701492
2543 MONTCLAIRE CIRCLE WESTON, FL 33327

3. The effective date and time of filing: (optional) Date: 10/31/16 Time: 8:00 AM

(must not be later than 90 days after the certificate is filed)

4. As of the date of this certificate, no member's interest in the limited-liability company has been issued.

5. Signatures represent at least 2/3 of the (check one)**:



Organizers



Managers

X *Russell A. Olson*
Signature

X

Signature

* 1) If amending company name, it must contain the words "Limited-Liability Company," "Limited Company," or "Limited" or the abbreviations "Ltd.," "LLC.," or "LC.," "LLC" or "LC." The word "Company" may be abbreviated as "Co."

2) If adding managers, provide names and addresses.

** If more than two signatures, attach a plain 8 1/2" x 11" sheet with the additional signatures.

FILING FEE: \$175.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.