

MI7000002796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

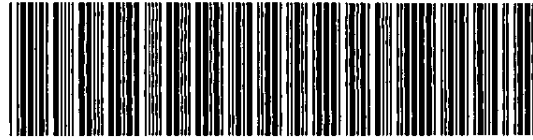
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500300121785

06/13/17--01015--008 **25.00

FILED
2017 JUN 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 15 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLD PATH REAL ESTATE, 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:

Hena Bhakta

Name of Person

GOLD PATH REAL ESTATE, LLC

Firm/Company

15949 Elmwood Way

Address

Apple Valley, MN 55124

City/State and Zip Code

info@goldpathrealestate.com

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

For further information concerning this matter, please call:

Hena Bhakta

Name of Person

at (952) 373-8595

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

2011 MAY 16 AM 10:40
DIVISION OF CORPORATIONS

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: GOLD PATH REAL ESTATE, 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: M17000002796

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: March 31, 2017

FILED 2017 JUN 13 AM 9:36 SECRETARY OF STATE TALLAHASSEE FLORIDA

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

City, Florida 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

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)(c), indicate that change:

Change of Authorized Person(s)

Title/ Capacity Name Address Type of Action

MGR BHAKTA, ANKIT 15949 ELMWOOD WAY Add

APPLE VALLEY, MN 55124 Remove

_____ Add

_____ Remove

_____ Add

_____ Remove

_____ Add

_____ Remove

_____ Add

_____ 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.

Hena Bhakta
Hena Bhakta (May 8, 2017)

Signature of the authorized representative

HENA BHAKTA

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2017 JUN 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA