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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Goldes Isles Investn	nents, LLC		
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
oignature .			Vehicle Search
			Driving Record
Requested by: SETH			UCC I or 3 File
····			UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In		Jp	Courier

March 10, 2020

CAPITAL CONNECTION, INC.

SUBJECT: GOLDES ISLES INVESTMENTS, LLC

Ref. Number: L20000068310

We have received your document for GOLDES ISLES INVESTMENTS, LLC and your check(s) totaling S25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00005222

Yasemin Y Sulker Regulatory Specialist III

255 . 512 . 31

## **COVER LETTER**

	Registration So Division of Co						
3110 115	***	les Investments, LLC					
SUBJEC	Name of Limited Liability Company						
Dear Sir o	or Madam:						
The enck	ised Statement	r of Correction and fee(s) ar	e submitted for filing	<b>!</b> ,.			
Please ret	turn all corresp	ondence concerning this m	atter to the following	:			
Jessica N	- Totina						
		Name of Person		-			
M360 M	anagement, L						
		Firm/Company	•				
2434 Ho	Hywood Blvd	2nd fl					
		Address		-			
Hollywo	od, il 33020						
		City State and Zip Code		·-			
accounti	ngmgr@konn						
E-n	nail address: (1	to be used for future annual	report notification)	-			
For furth	er information	reoncerning this matter, ple	mse call:				
jessica n	nolina		954	7444051			
	Name	e of Person	at (Area Code	Dayting Telephone Number			
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			
Enclose	d is a check fo	or the following amount:					
<b>□</b> \$25 F	iling Fee	[] \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee. Certificate of Status & Certified Copy			

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. <u>FIRST</u>: The name of the limited liability company is: <u>Goldes Isles Investments, LLC</u> The Florida Document number of the limited liability company is:  $\frac{1.20000068310}{}$ SECOND: Document to be corrected is:\_\_\_\_\_ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Z Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The first word and last word of the name are incorrect. The name should be GOLDEN ISLES INVESTMENT, LLC ORWas defectively signed. The manner in which the document was defectively signed and the appropriate orrection are as follows: ORThe electronic transmission of the record was defective. Signature of Authorized Representative Date Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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 are not as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office as tress, I hereby combine that the landed liability company has been notified in writing of this change. Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)