

L07000078337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**A. LUNT**

MAY 21 2010

**EXAMINER**

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05/20/10--01019--012 \*\*60.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY 20 PM 3:33

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLD STAR GAMES  
Name of Limited Liability Company

2010 MAY 20 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICH SPAULDING

Name of Person

GOLD STAR GAMES

Firm/Company

777 SOUTH FLAGLER DR.

Address

SUITE 802 - WEST

WEST PALM BEACH, FL 33401

City/State and Zip Code

RICH@GOLDSTARGAMES.COM

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

For further information concerning this matter, please call:

RICH SPAULDING

Name of Person

561-901-4766

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GOLD STAR GAMES

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on

7/30/2000

Florida document number LO7000078337

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY 20 PM 3:33

FILED

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

777 SOUTH FLAGLER DRIVE  
SUITE 800 - WEST  
WEST PALM BEACH, FL  
33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

↑  
SAME

B. If amending the registered agent and/or registered office 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:

RICH SPAUNING

New Registered Office Address:

777 SOUTH FLAGLER DRIVE  
Enter Florida street address SUITE 800 - WEST  
WEST PALM BEACH, Florida 33401  
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 608, 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.

RS

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOTHAM McCauley		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2010 MAR 20 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

RICH SPAULDING

Typed or printed name of signee

STATE OF Florida

**AFFIDAVIT**

The undersigned, does hereby certify, swear or affirm and declare that I am competent to give the following declaration based on my personal knowledge, and that the following facts and statements are true and correct:

1. I am employed as an authorized representative of \_

Gold Star Games  
Customer Name

2. My current Title is Vice President. In this capacity, I have knowledge of my company's decisions to sell or close it's various business locations.

3. 8 Gold Star Games

Has a location with an address of:

347 NE 5<sup>th</sup> Ave, Delray Beach, FL 33483  
Address \_\_\_\_\_ City \_\_\_\_\_ State FL

4. Effective 3/31/10 the above referenced location was either permanently closed or sold to a new owner.

5. In the even conditions change and business operations are reinstated at the above location or a new location within the Waste Management service area, I agree to be bound by the service agreement in effect on the date set forth below and all terms and conditions thereof will be in full force and effect as if never terminated.

WITNESS my signature this 2<sup>nd</sup> of April, 2010.

Signature of Customer  
Printed Name: \_\_\_\_\_

Jotham McCauley

Address: \_\_\_\_\_  
Phone: 317-874-8580

Attested to before me  
This day \_\_\_\_\_ of \_\_\_\_\_, 2010.

WM Employee:  
Printed Name:

STATE OF Florida

**AFFIDAVIT**

The undersigned, does hereby certify, swear or affirm and declare that I am competent to give the following declaration based on my personal knowledge, and that the following facts and statements are true and correct:

1. I am employed as an authorized representative of \_

Customer Name \_\_\_\_\_

2. My current Title is \_\_\_\_\_. In this capacity, I have knowledge of my company's decisions to sell or close it's various business locations.

3. \_\_\_\_\_

Has a location with an address of: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State FL

4. Effective \_\_\_\_\_ the above referenced location was either permanently closed or sold to a new owner.

5. In the even conditions change and business operations are reinstated at the above location or a new location within the Waste Management service area, I agree to be bound by the service agreement in effect on the date set forth below and all terms and conditions thereof will be in full force and effect as if never terminated.

WITNESS my signature this \_\_\_\_\_ of \_\_\_\_\_, 2010.

Signature of Customer \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Attested to before me

This day \_\_\_\_\_ of \_\_\_\_\_, 2010.

WM Employee:

Printed Name: