

L080000064980

(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



700238965937

09/20/12--01001--008 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 SEP 19 PM 4:20  
NOT ATTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2012 SEP 19 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 20 2012

EXAMINER

## CAPITAL CONNECTION, INC.

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

GOLDSTRAJ & ASSOCIATES, L.L.C.

Signature \_\_\_\_\_

Requested by: SETH

09/19/12

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

FILED  
2012 SEP 19 AM 10:09  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

\_\_\_\_\_ 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 \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLDSTRAJ & ASSOCIATES, L.L.C.  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Demian GOLDSTRAJ

Name of Person

GOLDSTRAJ & ASSOCIATES, L.L.C.

Firm/Company

1975 E. SUNRISE BLVD, #617

Address

FORT LAUDERDALE FL 33304

City/State and Zip Code

dgoldstraj@gmail.com

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

For further information concerning this matter, please call:

Demian GOLDSTRAJ

Name of Person

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

GOLDSTRAJ & ASSOCIATES, L.L.C.

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

FILED  
2008 SEP 19 AM 10:09  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 07/03/2008 and assigned  
Florida document number L08000064980.

This amendment is submitted to amend the following:

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

The Goldstar Firm, P.L.

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:

500 Three Islands Blvd. #203

(Principal office address MUST BE A STREET ADDRESS)

Hallandale Beach, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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 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.*

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>
<u>MGR</u>	<u>GOLDSTRAJ, MARCELA</u>	<u>1975 E. SUNRISE BLVD. SUITE 617</u> <u>FORT LAUDERDALE FL 33304</u>	<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

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

The Goldstar Firm, P.L. wishes to be recognized as a, Professional Limited  
Liability Company.

Article VI. Purpose

The specific nature of business for this professional limited liability company  
is the practice of law.

Dated Sept. 18th, 2012

Signature of a member or authorized representative of a member

DEMIAN GOLDSTRAJ

Typed or printed name of signer

FILED  
12 SEP 19 AM 10:09  
CLERK OF DISTRICT COURT  
FLORIDA  
TALLAHASSEE