L10000110807

(Rec	questor's Name)	
(Add	dress)	
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(City	/State/Zip/Phone	e #)
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(Doc	cument Number)	
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SECRELARY OF STATE

B. BOSTICK
NOV 3 0 2010
EXAMINER

COVER LETTER

*

TO:	, Registration Se Division of Cor	ection porations						
SUBJ	ЕСТ:	Gos	hen C.C.S LLC					
		Name of L	imited Liability Comp	any				
The en	- nclosed Articles of	Amendment and fee(s) are	submitted for filing.					
Please	return all correspo	ndence concerning this ma	tter to the following:					
			NAZAIRE FO	NTIA				
			Name of Perso	าก				
			Firm/Compan	y	· · · · · · · · · · · · · · · · · · ·			
		2812	EAGLE ROCK C	IR UNIT 905				
			Address					
		WE	ST PALM BEACH	HFL 33411		SE	-	
			City/State and Zip	Code		Civi	<u>×</u>	es a yes
		E-mail addres	flylwen@yahoo	.COM	ion)	HASS	0 8 AON 01	National Section
For fur	ther information co	oncerning this matter, pleas		anda report notificati	,	RY OF SEE, I		
· · :	NAZ	AIRE FONTIA	i at (561 y	68	5-0366	STATE	က ထဲ	•
	Name of	Person		a Code & Daytime Te	elephone Number	<u> </u>	ထ	
Enclose	ed is a check for th	e following amount:						
□\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status			\$60.00 Filir Certificate Certified (additiona	e of Statu Copy		sed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	Reş Div Cli	REET/COURIER gistration Section vision of Corporatio fton Building 1 Executive Center	ons			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT 'TO' ARTICLES OF ORGANIZATION OF

SANI-	TAIRE CLUB LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL10000110807	Company were filed on	10/25/10	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	
GOS	SHEN C.C.S LLC		
The new name must be distinguishable and end with the work.L.C."	ords "Limited Liability Compa	ny," the designation "LLC	" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	<u>Z</u> v	o
Enter new mailing address, if applicable: (<u>Mailing address MAYBE A POST OFFICE BOX)</u> B. If amending the registered agent and/or regis	stered office address on o	CARTOF STARE AMASSEE. FLORIDA our records, enter the	OV 30 AH 8: 56
registered agent and/or the new registered office ad	dress here:	· •	
Name of New Registered Agent:			
New Registered Office Address:	Ent	ter Florida street addres:	5
		, 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.

100

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

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			D
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if nec	essary.)
_			<u> </u>
_			FIL 10 NOV 30 SECREJARY
Dated	Signature of a member	er of authorized representative of a member	AM 8: 58
	,	NAZARE FONTIA	-
	Type	d or printed name of signee	· · · ·

Page 2 of 2

Filing Fee: \$25.00



Division of Corporations

November 17, 2010

NAZAIRE FONTIA 2812 EAGLE ROCK CIR UNIT 905 WEST PALM BEACH, FL 33411

SUBJECT: SANI-TAIRE CLUB LLC

Ref. Number: L10000110807

We have received your document for SANI-TAIRE CLUB LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 010A00026994

10 NOV 30 AM 8: 58
SECRETARY OF STATE