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PACLAHASSEELFLORID;
A.

COVER LETTER

TO:

TO: Registration Division of	n Section Corporations					
	Golder	Star Group LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.				
Please return all corre	espondence concerning this matter	to the following:				
		Carmen J Romero	<u> </u>			
		Name of Person				
A&A Mul-T-Services Inc Firm/Company						
	Address					
		Kissimmee, FL 34743				
		City/State and Zip Code				
		amultservices@gmail.com to be used for future annual report no	otification)			
For further information	on concerning this matter, please c					
Elsa Gonzalez		407 235-4018				
Na	me of Person	Area Code Dayti	ime Telephone Number			
Enclosed is a check f	or the following amount:					
■ \$25.00 Filing Fe	e S30.00 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)			
<u>Mailing Ad</u> Registrati	dress: on Section	Street Address: Registration S	Section			
Division of	of Corporations	Division of C	orporations			
P.O. Box		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810			
rananasse	ee, FL 32314	2413 N. MUII	ioe oncer, name oro			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Star Group LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on and assigned
Florida document number L14000030391	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	11 11 11 11 11 11 11 11 11 11 11 11 11
<u></u>	7. 2
	10 °.
Enter new mailing address, if applicable:	OCT OCT
(Mailing address MAY BE A POST OFFICE BOX)	8.83
	TO TO
	027
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	
City	, Florida

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jorge H. Adames	1101 Miranda Lane	
		Kissimmee, FL 34741	□Remove
			□Change
			□Add
		<u> </u>	□Remove
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	10/07/2021		
fective date, if other than the effective date is listed, the date in	nust be specific and cannot be prior to date of	(option filling or more than 90 days after	filing.) Pursuant to 605.02
ote: If the date inserted in this	block does not meet the applicable stat Department of State's records.	utory filing requirements, this	date will not be listed
cument's effective date on the	topartment of state 3 records.		
record specifies a delayed effec is filed.	tive date, but not an effective time, at I	2:01 a.m. on the earlier of: (b)	The 90th day after th
October 7	2021		
11CG			
	Carmen Romero Signature of a memby or authorized rep		

Filing Fee: \$25.00