

L16 000058189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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22 FEB 27 PM 3:07

T. MATTHEWS

FEB -3 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2022

MELINDA F. CHISM  
79 E 56TH STREET  
JACKSONVILLE, FL 32208

SUBJECT: GOLDEN TRANSITIONS LLC  
Ref. Number: L16000058189

RECEIVED  
2022 JAN 28 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

We have received your document for GOLDEN TRANSITIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE SEND A CHECK OR MONEY ORDER FOR \$7.50.

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) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 222A00000830

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Golden Transitions LLC  
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:

Melinda F. Chism  
Name of Person

Golden Transitions LLC  
Firm/Company

79 E. 56th street  
Address

Jacksonville FL 32208  
City/State and Zip Code

GT11LLC@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda F. Chism at (904) 699-5999  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Golden Transition LLC

22 JUN 28 PM 3:07

(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 \_\_\_\_\_ and assigned Florida document number 416000058189

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 contain 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)

79 E. 56th St  
Jacksonville FL 32208

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

79 E. 56th St  
Jacksonville FL 32208

**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:

Melinda F. Chism

New Registered Office Address:

79 E. 56th St

Enter Florida street address

Jacksonville

City

Florida

32208

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 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.*

Melinda F. Chism  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12-11-2021

Melinda F. Christ  
Signature of a member or authorized representative of a member

Melinda F. Chism  
Typed or printed name of signee