

L16 000 159106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

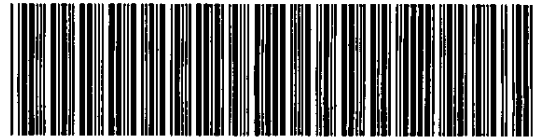
(Business Entity Name)

(Document Number)

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D. BRUCE
OCT 18 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2016

JUDITH A THOMSON
2143 MONTCLAIR DR
SARASOTA, FL 34231

SUBJECT: GOLD STAR TRANSPORT II LLC
Ref. Number: L16000159106

We have received your document for GOLD STAR TRANSPORT II LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.
Please return your document, along with a copy of this letter, within 60 days or our filing will be considered abandoned.
If you have any questions concerning the filing of your document, please call Sarah Bruce, Regulatory Specialist II, at (813) 245-6051.

Letter Number: 316A00021313

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TALLAHASSEE, FLORIDA



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Deborah Bruce
Regulatory Specialist II

Letter Number: 316A00021313

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOLD STAR TRANSPORT II 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:

JUDITH A THOMSON

Name of Person

GOLD STAR TRANSPORT II LLC

Firm/Company

2143 MONTCLAIR DR

Address

SARASOTA FLORIDA 34231

City/State and Zip Code

ELLENGOLDSTAR@GMAIL.COM

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

For further information concerning this matter, please call:

ELLEN KEALEY

Name of Person

919 623-1618
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

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

GOLD STAR TRANSPORT II LLC

(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 AUGUST 26, 2016 and assigned
Florida document number L16000159106.

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)

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:

ELLEN KEALEY

New Registered Office Address:

2143 MONTCLAIR DR

Enter Florida street address

SARASOTA

City

, Florida 34231

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.



If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MEM	ELLEN KEALEY	2143 MONTCLAIR DR SARASOTA FL 34231	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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2018 OCT 17 P 3 49
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E. Effective date, if other than the date of filing: 09/06/2016 (optional)


(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 **SEPTEMBER 6** 2016


Signature of a member or authorized
ON Judith A. T.

Signature of a member or authorized representative of a member

JUDITH A THOMSON

Judith A. Thomson

Typed or printed name of signee