111000185676

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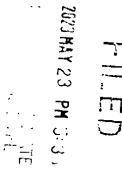
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7/19/23 VLN



COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations		
	GOLD STA	R EQUITY, LLC		
(additional copy is enclosed) Certified Copy				
The enclosed	i Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		KEITH BAXTER		
			Name of Person	
•		GOLD STAR EQUITY, L	TC	
			Firm/Company	
		8256 COMMERCIAL WA	ΑΥ	
			Address	
		WEEKI WACHEE, FL 34	613	
			City/State and Zip Code	·····
		E-mail address: (to be used for future annual report no	otification)
For further is	nformation co	oncerning this matter, please c	all:	
ROBERT D	I GIORGIO			
	Name of	Person		ime Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$ 25.00 £	Filing Fee		Certified Copy	Certificate of Status &
	iling Address gistration S		Street Address: Registration S	ection
		orporations	Registration Section Division of Corporations	
P.C	D. Box 632	7	The Centre of	
Tal	llahassee. F	L 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD STAR EQUITY, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our r Liability Company)	ecords.)
	were filed on	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Name of the Limited Liability Company as it now supects on our records.) (A Florda Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/30/2017 and assigned Florida document number 11/7000185676 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 "LLC." 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address City Tip 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with name accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered affice address. I hereby confirm that the limited liability is a confirmation that the limited liability is a complete agent and provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered affice address. I hereby confirm that the limited liability		
		~ <u> </u>
		· - ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 111 Si
		<u>स्त्र ८</u>
agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
		Elaulda
	City	
New Registered Agent's Signature, if changing Registered Agent:		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie provided for in Chapter (es, and I am familiar with and 505, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	NIKKI SANDS	8256 COMMERCIAL WAY	
		WEEKI WACHEE, FL 34613	≅Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
		·-···	□Add
			□Remove
			☐ Change
			Remove
			☐ Change
			□ Add
		· 	□ Remove

Effective date, if other than the date of filing: (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 605.020 Note: If the date is insteed in this block does not meet the applicable stantory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 ord is filed.	,	ermation, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing: MAY 20, 2023 (optional) (If an effective date is isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 ord is filed.	- , • ,,,• ,,		
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ord is filed. MAY 20 2023			
Dated MAY 20 , 2023		ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
A L	MAY 20 Dated	2023	
	X		
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee