## 118000043337

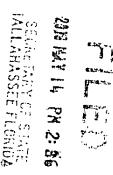
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL.
<u>· .</u> (Bu	usiness Entity Nan	ne)
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J. HARRIS

## **COVER LETTER**

TO: Registration Se Division of Con			
Goldcoast SUBJECT:	Professionals		
SOBSECT.	Name of Limite	d Liability Company	
	Amendment and fee(s) are submi	-	
rease return an earrespo	Raj Shekhat	are ronowing.	
		Name of Person	<del></del>
		Firm/Company	
•	2694 Caroline Drive		
		Address	
	Jupiter, FL 33458		
	rshekhat@gmail.com	City/State and Zip Code	
For further information of	E-mail address: (to	be used for future annual report notif	ication)
Name o	of Person	at () Area Code Daytime	· Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goldcoast Professionals		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L18000043337	y were filed on 2/16/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		Botaute
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3 3 17
muning unitess MAT DE ATOST OF THEE BONY	. ——	第5 20
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	, FI	orida
	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 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>	Type of Action
MBR Robyn Walker	Robyn Walker	2141 Alternative A1A South, Unit .	<b>■</b> Add
		Jupiter, FL 33477	☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			□ Change
			□ Add
			☐ Remove
		□ Change	
		Remove	
			Change SS Add
			SSE Add
			D. Remove

). If ame	iding any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)	
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(If an effe	re date, if other than the date of filing:	ling.) Pursuant to 605.0	0207 (3)(t
	nt's effective date on the Department of State's records.	ate will not be listed	u as me
the rec ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	n. on the earlie	r of:
Dated .	5/8, 2018		
	1 - 1 H	₹!. <b>5</b> 5	
	Signature of a member or authorized representative of a member		
	<b>a</b>		ŧ
	RAJ SHEKHAT	(S≥+ —	Emile F.
	RAJ SHEKHAT  Typed or printed name of signee	1385E	San fac
	Typed or printed name of signee  Page 3 of 3	ANY OF SIA ASSEE FLOR	