## L18000043337

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2/18/21

## **COVER LETTER**

TO:	Registration Se Division of Cor		-	•
CHD		Professionals	•	
SUB	IECT:	Name of Lim	ited Liability Company	
The c	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		Raj Shekhat		
			Name of Person	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		<del></del>	Firm/Company	
		2694 Caroline Drive		
			Address	
		Jupiter, FL 33458		
			City/State and Zip Code	
		rshekhat@gmail.com	to be used for future annual report notifi	
For f	urther information c	oncerning this matter, please co		(Caron)
	Name o	d'Person	at ()	Telephone Number
Enclo	osed is a check for th	he following amount:		
<b>B</b> S	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

lew Registered Agent's Signature, if changing Registered Agent:

( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records. Limited Liability Company)	)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{1.18000043337}{1.18000043337}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	20
		至三
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>₹</u> 5
· · · ·		<del>=</del>
		12
3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		enter the name of th
New Registered Office Address:	Enter Florida street address	
	C1	rida
·	City	ridaZip Code

ving filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, 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>	<u>Address</u>	Type of Action
MBR	Jennifer Goldin	2141 Alternative ATA South, Unit	■ Add
		Jupiter, FL 33477	Remove
			Change
			Add
			Remove
		<del></del>	Change
			Add 2021
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tive date, if other than the date of filing: Dective date is listed, the date must be specific and cannot If the date inserted in this block does not meet the ment's effective date on the Department of State's (	e applicable statu records.	tory filing requiremen	nts, this date will	not be liste	ed a
ecord specifies a delayed effective date, lee 90th day after the record is filed.	but not an eff	ective time, at 12	2:01 a.m. on	the earlie	er (
1/8 202	1 ·				
Signature of a member	or authorized repi	esentative of a member			

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Filing Fee: \$25.00