L18 000 279506

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(Ac	idress)	
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JA. 212/21

COVER LETTER

SYSVENC	OL, LLC		,
30 132 C1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Douglas A Colmenares		
		Name of Person	
	Sysvencol, LLC		
		Firm/Company	
	13601 SW 103rd Place		
	<u> </u>	Address	
	Miami, FL 33176		
		City/State and Zip Code	
	douglasc@sysvencol.com	· .	
	E-mail address: (to be used for future annual repo	rt notification)
For further information c	oncerning this matter, please ca	all:	
Douglas A Colmenares		305 859-15 at ()	
Name o	f Person	Area Code [Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Addre	<u> </u>
Registration 9	Section	Dagietratic	n Saction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

SYSVENCOL, LLC

ompany has been notified in writing of this change.

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	<u>rds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number L18000279506	were filed on 12/04/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
GOLDSTAR GROUP, LLC			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		DZ1 JA	
Enter new mailing address, if applicable:		120 P	
Mailing address MAY BE A POST OFFICE BOX)		F 7 5	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	er the name of the new registe	
Name Descriptional Office Address			
New Registered Office Address:	Enter Florida street address		
	1	FloridaZip Code	

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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
			□Add
			Remove
			Change
			□Add
			□Remove
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			□Remove
			□Change

Company name change only				
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Effective date, if other than th	date of filing:		(optional)	
If an effective date is listed, the date mu Note: If the date inserted in this b				
document's effective date on the I				
e record specifies a delayed effecti	ve date, but not an effective	time, at 12:01 a.m. on the	he earlier of: (b) The 90th d	lay after the
rd is filed.				
Dated	2021			
				
4	7			
7	Signature of a member or aut	horized representative of a	member	
Douglas A Colmenare				

Filing Fee: \$25.00