419000193929

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uiess)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	siness Entity Name)	
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
	-	
Special Instructions to	Filing Officer:	
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COVER LETTER ...

TO: Registration Sec Division of Corp				, 4
SUBJECT: GOLD	en star chines	e Uc.		
	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Caiyu	n Puan Name of Person		
		Name of Person		
	Golden	star chinese	uc.	
		Firm/Company		
	2360 W 6	B ST. Ste# 12	દા	
		Address		
	Hialeah	FL 33016		
	71101-0717	City/State and Zip Code	:	
		chinese 19 @		
		to be used for future annua	l report notifica	tion)
For further information ed	oncerning this matter, please ca	all:		
Caiyun	Ruan	at (736)	493-1	496. elephone Number
Name of	f Person	Area Code	Daytime To	elephone Number
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy radditional copy is er		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:		T/COURIER	ADDRESS:
Divisio P.O. Bo	n of Corporations ox 6327		a of Corporation Building	ons
	ssee, FL 32314		cecutive Cente	r Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Star Chine (Name of the Limited Liability Compa (A Florida Limited I	ese LLC. ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000193929</u>	
This amendment is submitted to amend the following:	
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	ity 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)	2360 w 68 st. ste# 121 Hjaleah, FL 33016
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	AUG T
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida To Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGP	Caiyun Ruan	12501 SW 14 St. AP+ 302 R	🗖 Add
		Pembroke Pines (A 33027	□ Remove
			Change
			
			☐ Remove
			Change
			Add
			Pemove
			Change
		wi	□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			□ Remove
			□ Change

_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	
	
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_	.
_	
If an effect Note: 1	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _	August 19 . 2019 .
	August 19 . 2019 . Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00