## L19000202686

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⊋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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L	<del>.</del>	
	Offica Llea On	h.



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T. MATTHEWS JAN 11 2022

RECEIVED



## 2022 JAN -4 AM 8:09

FLORIDA DEPARTMENT OF STATE

SECSTATY OF STATE TALLAHA&SEE, FL

Letter Number: 021A00027630

November 15, 2021

STEPHEN HEPBURN 783 E BIRDWOOD CIRCLE KISSIMMEE, FL 34743

SUBJECT: GOLDEN HOMES RENOVATIONS LLC

Ref. Number: L19000202686

We have received your document for GOLDEN HOMES RENOVATIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews **OPS** 

www.sunbiz.org

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations			
SUBJECT: C-5/A	en House Rom	1-1 mailou	
30000CT	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stenhe	en Henhurn	
		Name of Person	
	<del></del>	Firm/Company	
	783 E B;-	Address	
	Kissimmee	FL 34743 City/State and Zip Code	
	goldenhones E-mail address:	scenarations egr	rail.com
For further information c	oncerning this matter, please c		
Stephen	Hepburn	at ( <u>786</u> ) <u>599-1</u> Area Code Daytin	4370
Name o	f Person *	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 tadditional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sc	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cooldon Haus R	Annual - 32 1 · · · - · ·	11:3:10
(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	y as it now appears on our record ability Company)	(5.)
The Articles of Organization for this Limited Liability Company v		
Florida document number <u>L19000202686</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	idress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	vys
		orida
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and 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
MGRM	Co-dell Sheldon Payne	1031 S Higwassee Rd	🗆 Add
		Orlando, FL 32835	Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 🗆 Add
			🗆 Remove
			□ Change
			□Add
			□Remove
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f an eff <del>Note:</del>	ve date, if other than the date of filing:
recore	I 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 ed.
Dated .	December 28 . 2021
	Signature of a member of authorized representative of a member
	Stephen Hepburn Typed or printed name of signee