

L19000 205504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

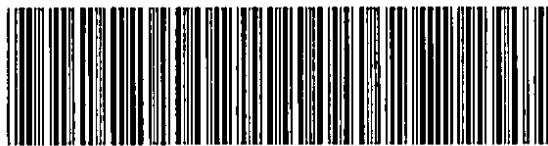
(Business Entity Name)

(Document Number)

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OCT 05 2020

C. GOLDEN

NOV 16 2020

NOV 16 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gold Star HOME SOLUTION. LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wael. Duwaikat  
Name of Person

gold star home solution LLC  
Firm/Company

P.O. Box 91682  
Address

lakeland. FL 33804-  
City/State and Zip Code

goldstarhomesolution2901.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wael. Duwaikat at (305.) 479-9201  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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**

Gold Star Home Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-12-19 and assigned  
Florida document number L19000205504

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

Wael. dwaikat  
5172 Long Lake Cir  
Unit 203 - Lakeland FL  
33805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Wael. dwaikat  
P.O. Box 91682  
Lakeland-FL 33804

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

The Same

New Registered Office Address:

as Above  
Enter Florida Street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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>	<u>Type of Action</u>
MGR	Wael Dwaikat	5172 Longlake Cir 203 Lakeland, FL 33805	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Wael Dwaikat	5172 Longlake Cir 203 Lakeland, FL 33805	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~(~~Can~~ Authorized Person Detail-))~~

Please Remove one of My Address

Posted As P.O. Box 91682 Lakeland

FL 33805

And The second Address As P.O. Box

change it to My physical address

As. Wael Dwaikat

5172 Long Lake Cir #203

Lakeland FL 33805

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 12-1-2020

Wael Dwaikat

Signature of a member or authorized representative of a member

Wael Dwaikat

Typed or printed name of signer