

L200001841623

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H200001841623))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOLD 4 ALL POMPAÑO, L.L.C.

Certificate of Status	<input type="checkbox"/>	0
Certified Copy	<input type="checkbox"/>	0
Page Count	<input type="checkbox"/>	05
Estimated Charge	<input type="checkbox"/>	\$25.00

JUN 18 2020

Electronic Filing Menu

Corporate Filing Menu

Help



June 17, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GOLD 4 ALL POMPANO, L.L.C.
4001 S OCEAN DR
PH3
HOLLYWOOD, FL 33019

SUBJECT: GOLD 4 ALL POMPANO, L.L.C.
REF: L20000118863

We have received your document for GOLD 4 ALL POMPANO, L.L.C. and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a LP (cover page) and CORPORATION (document), but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000183173
Letter Number: 220A00011938

RECEIVED

2020 JUN 17 AM 11:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLD 4 ALL POMPANO, L.L.C.

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:

MIMINOSHVILI, ILIA

Name of Person

GOLD 4 ALL POMPANO, L.L.C.

Firm/Company

2900 W SAMPLE DR #K2021

Address

POMPANO BEACH, FL 33076

City/State and Zip Code

INFO.GOLD4ALLPOMPANO@GMAIL.COM

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

For further information concerning this matter, please call:

MIMINOSHVILI, ILIA

954

260-4424

Name of Person

at ()

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**

2020 JUN 17 AM 11:28

GOLD 4 ALL POMPANO, L.L.C.

(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 05/01/2020 and assigned
Florida document number L20000118863.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2900 W SAMPLE DR #K2021

POMPANO BEACH, FL 33076

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:

ELENA POLENOVA

New Registered Office Address:

2900 W SAMPLE DR #K2021

Enter Florida street address

POMPANO BEACH

City

, Florida 33076

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.

Elena Polanova

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

2020 JUN 17 AM 11:28

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MIMINOSHVILI, LEVANI	2900 W SAMPLE DR #K2021	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	POLENOVA, ELENA	2900 W SAMPLE DR #K2021	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2020 JUN 17 AM 11:28

F. 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 06/17 _____ 2020 _____

Elena Polenova

Signature of a member or authorized representative of a member

POLENOVA, ELENA

Typed or printed name of signer