

L20000181594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

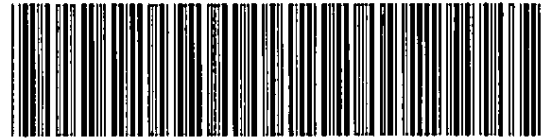
(Document Number)

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FILED  
2022 APR 25 PM 4:38  
COURT CLERK  
1401 E. STATE ST.  
MOUNTAIN VIEW, CO 80501

Amend/Name  
Change

MAY 25 2022

D CUSHING

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Golden Star Private Home Health Care 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:

Fallon A Smith  
Name of Person

\_\_\_\_\_  
Firm/Company

5355 Old Spanish Trl  
Address

Lantana FL 33462  
City/State and Zip Code

FallonSmith28@gmail.com  
E-mail address: (to be used for future annual report notification)

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2022 APR 25 PM 4:38  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Fallon A Smith at (561) 317-7589  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 APR 25 AM 11:33

April 1, 2022

FALLON A SMITH  
5355 OLD SPANISH TRL  
LANTANA, FL 33462

SUBJECT: GOLDENSTAR PRIVATE HOME HEALTH CARE LLC  
Ref. Number: L20000181594

We have received your document for GOLDENSTAR PRIVATE HOME HEALTH CARE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 922A00007595

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GoldStar Private Home Health Care LLC

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

2022 APR 25 PM 4:38  
FILED  
CORPORATION DIVISION  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 4-20-2022 and assigned Florida document number L200000181894.

This amendment is submitted to amend the following:

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

GoldenStar Private Services LLC

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)

5355 Old Spanish Trl  
Lantana FL, 33462

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Miramar Executive Center  
3600 South State Rd 7 Suite 370  
Miramar, FL 33023

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

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.*



