

L20000284749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

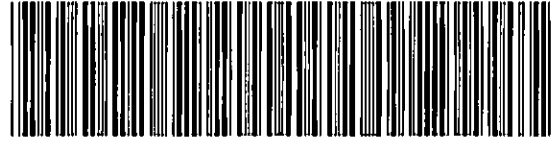
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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/11 DANNY

CERTIFIED COPY

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LLC AMEND

1. GOLD STAR CARE ENTERPRISE, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 AUG 13 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 12, 2021

CORPORATE ACCESS, INC.

SUBJECT: GOLD STAR CARE ENTERPRISE, LLC
Ref. Number: L20000284749

Corrected

We have received your document for GOLD STAR CARE ENTERPRISE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document is too dark to read and it is not acceptable for imaging.

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

Letter Number: 821A00019223

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLD STAR CARE ENTERPRISE, 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:

RUBEN A. BEAUCHAMP CALZADA
Name of Person

GOLD STAR CARE ENTERPRISE, LLC
Firm/Company

7061 GRAND NATIONAL DR. STE 105 C
Address

ORLANDO FL 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

RUBEN A. BEAUCHAMP CALZADA at (407) 729-7551
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

GOLD STAR CARE ENTERPRISE, LLC

Page 1 of 3

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	RUBEN A. BEAUCHAMP	CALZADA 7061 GRAND NATIONAL DR. ORLANDO, FL 32819 SUITE 105 C	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

REGISTERED AGENT AND AUTHORIZED PERSON
NAME CHANGE.

CURRENT NAME: RUBEN A. BEAUCHAMP
CHANGE TO: RUBEN A. BEAUCHAMP CALZADA

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 _____

AUGUST 11, 2021


Signature of a member or authorized representative of a member

RUBEN A. BEAUCHAMP CALZADA

Typed or printed name of signer