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Corrected

Letter Number: 821A00019223

August 12, 2021

CORPORATE ACCESS, INC.

SUBJECT: GOLD STAR CARE ENTERPRISE, LLC

Ref. Number: L20000284749

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

www.sunbiz.org

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Name of Lin	CARE ENTER	Prise, LLC
The enclosed Articles of	Amendment and fèc(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RUBEN A	BEAUCHAMP (ALZADA
	GOLDSTA	R CARE ENTER	Prise, LLC
	7061 GR	AND NATIONA Address	71 DR. STE 1050
	ORLANDO	FL 32819 City/State and Zip Code	<u>Î</u>
	RUBEN BE	EAUCHAMDE GN to be used for future farmed report hour	IAIL, Com
For further information c	oncerning this matter, please co	ali:	
RUBEN A. BE.	AUCHAMP CALZAD	A at (407) 739- Area Code Daytime	755 L Telephone Number
Enclosed is a check for the	ne following amount:		
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOID STAR CARE ENTERPRISE, LLC

(Name of the Paint	(A Florida Limited Lix	bility Company)	our fecotos")		
The Articles of Organization for this Limited L Florida document number <u>L20000</u> 2	iability Company w 284749	ere filed on <u>9</u> /	11/2020	nnd ass	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	[the limited liabilit	v company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designa	tion "LLC" or the a	obreviation "L	L.C."
Enter new principal offices address, if applic	able:				
Principal office address MUST BE A STREE	TADDRESS)				
Enter new mailing address, if applicable:	-				A G
Mailing address MAY BE A POST OFFICE	<u>BOX)</u> .		i	8	
3. If amending the registered agent and/ registered agent and/or the new registered of		e address on our	records, enter	the name	of the new
Name of New Registered Agent:	RUBEN A	1. BEAUCHA	am) (A	LZAD	A
New Registered Office Address:	7061 G	RAND NA-T Enter Flortda str	ONAL D	R. Suite	105C
	ORLAN	City	Florida _	3281 Zip Code	9

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

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 Title Name <u>Address</u> Type of Action RUBEN A. BEAULHAMP (ALZADA 706) GRAND NOTIONAL DR. COLOMO OF 32819 DAGE _□ Remove Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove _ 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
ZHANGE TO: KUBEN A. DEAUCHAMP CALCADA
,
F Effective date, if other than the date of filing: (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.) Pursuam to 605.0207 (3 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
14 Dis
Signature of a member of authorized epresentative of a member
RUBEN A. BEAUCHAMP CALZADA Typed or printed name of stance

Page 3 of 3

Filing Fee: \$25.00