

10/1/21, 3:31 PM

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L2000340849

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000368614 3)))



H210003686143ABC+

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

Email Address: \_\_\_\_\_

2021 OCT -1 PM 4:22

TALLAHASSEE, FLORIDA

FILED  
2021 OCT -1 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG DESIGN THE GOLD COMMUNITY SERVICES LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

OCT 4 2021  
S. PRATHER

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GOLD COMMUNITY SERVICES 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 11/05/2020

Florida document number L20000340849

FILED  
2021 OCT -1 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**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:

CHANGE OF ADDRESS

New Registered Office Address:

218 ALMERIA AVE

*Enter Florida street address*

CORAL GABLES

Florida 33134

*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>                      |
|--------------|----------------------|------------------------|--|
| AMBR         | YUSNAVIS PENTON DIAZ | 218 ALMERIA AVE        | <input type="checkbox"/> Add               |
|              |                      | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove            |
|              |                      |                        | <input checked="" type="checkbox"/> Change |
| AMBR         | RUBY GOMEZ VALDES    | 218 ALMERIA AVE        | <input type="checkbox"/> Add               |
|              |                      | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove            |
|              |                      |                        | <input checked="" type="checkbox"/> Change |
|              |                      |                        | <input type="checkbox"/> Add               |
|              |                      |                        | <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            |
|              |                      |                        | <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.)*

[illegible]

**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 9/30 2021

1st Guaranavis Panton Diaz  
Signature of a member of authorized representative of a member

Signature of a member or authorized representative of a member

YUSNAVIS PENTON DIAZ

Typed or printed name of signer

**Filing Fee: \$25.00**

FILED  
2021 OCT -1 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA