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## **COVER LETTER**

UBJECT: GOLDSTERES HOLDINGS MANAGEMENT LLC  Name of Limited Liability Company
the enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
PATEICIA POLLAZI Name of Person
ADVANCE FINANCIAL SERVICE Firm/Company
3924 CORAL RIDGE DRIVE
CORM SPENCES, FL 33065  City/State and Zip Code  Patricial OAD two ag mail com  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Patricia Pollari at (994) 255-3848  Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$ \$25.00 Filing Fee \& Certificate of Status \& Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

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

FILED

(Name of the Limited Lia	NGS M	as it now appears on o	THE THEORY	<del>6: 53</del>
(Name of the Limited Lia (A Flo	rida Limited Lia	bility Company)	GREAL Y DE	Q TAYE
The Articles of Organization for this Limited Liability	y Company w	ere filed on	29/20215	and assigned
Florida document number L2 0000 64032	·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liabili	ty company here:		
The new name must be distinguishable and contain the words "I	imited Liability	Company," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		9038 TA	RADD ST	<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	BOCA RAT	ion, Fu	33434
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		9038 TR BOLA PAT	ADD ST DN, FL	33434
B. If amending the registered agent and/or registered agent and/or the new registered office address here		dress on our record	ls, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	PATER	CIA BLLA	<u>el</u>	
New Registered Office Address:	3924	COENLE  Enter Florida str	OGE DE	uv <del>5</del>
	THAT!	SPRINGS City	, Florida	33065 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 aniending 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>	Name	Address	Type of Action
MGR	PATRICK MANDRICH	5030 CHAMPION BLVD STE GII, 191	□Add
		BOLA PATION, FL 33496	ERemove
			□Change
			□Add
		<u> </u>	□Remove
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(If an el Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	0(16/ 2022
	W.
	Signature of a member or authorized representative of a member

ETT E. CARAO