

LZ1 000 290822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

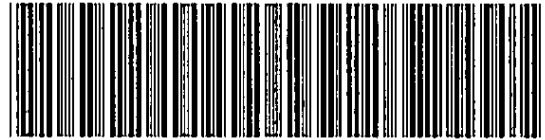
(Business Entity Name)

(Document Number)

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2021-09 11:12:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN GRAY DEVELOPMENT GROUP, 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.

LESTER MELGAR

Name of Person

Firm/Company

4330 REFLECTIONS BOULEVARD N. SUITE #101

Address

SUNRISE, FL 33351

City/State and Zip Code

Lestermelgar@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESTER MELGAR

305 790-2381

Name of Person

at ()

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
2115 N. G St.
Tallahassee, FL 32310

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

GOLDEN GRAY DEVELOPMENT GROUP, 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 06/23/2021 and assigned
Florida document number L21000290822

This amendment is submitted to amend the following:

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

GOLDEN GRAY DEVELOPMENT GROUP, 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)

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:

LESTER MELGAR

New Registered Office Address:

4330 REFLECTIONS BOULEVARD N. SUITE #101

Enter Florida street address

SUNRISE

City

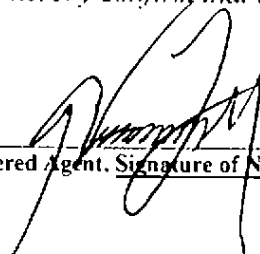
Florida 33351

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> |
|--------------|-----------------------|--|--|
| MGR | LESTER MELGAR | 4330 REFLECTIONS BOULEVARD N. SUITE #101 | <input checked="" type="checkbox"/> Add |
| | | SUNRISE, FL 33351 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LESTER MELGAR | 4330 REFLECTIONS BOULEVARD N. SUITE #101 | <input checked="" type="checkbox"/> Add |
| | | SUNRISE, FL. 33351 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MELGAR, LESTER L, SR. | 4330 REFLECTIONS BOULEVARD N. SUITE #101 | <input type="checkbox"/> Add |
| | | SUNRISE, FL. 33351 | <input checked="" type="checkbox"/> Remove |
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(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)

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.

07/02/2021

_____ a member or authorized representative

Typed or printed name of signee