

L21000311210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

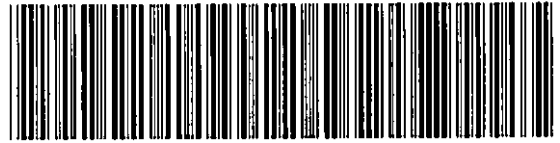
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name was appeared in error
A free amendment was issued to
Correct the issue

MTM

Office Use Only



100369803071

FILED

2021 SEP 24 PM 12:33

100369803071



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2021

DAIANA ORTIZ GIRALDO
148 EAGLEVIEW LOOP
DAVENPORT, FL 33837

SUBJECT: GOLDEN SOLUTIONS FOR BUSINESS
Ref. Number: L21000311210

A recent audit of our records has discovered the business entity filed in this office as a limited liability company is missing the LLC suffix. The purpose of this letter is to advise of this error and to let you know the document was accepted in error. We ask that you fill out the free amendment that is enclosed and mail it back to our office so that we can correct this error. We apologize for any inconvenience.

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) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 121A00020783

2021 SEP 11 11:59

2021 SEP 24 PM 12:33
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN SOLUTIONS FOR BUSINESS 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:

DAIANA ORTIZ GIRALDO
Name of Person

GOLDEN SOLUTIONS FOR BUSINESS LLC
Firm/Company

148 EAGLEVIEW LOOP
Address

DAVENPORT, FLORIDA 33837
City/State and Zip Code

GSOLUTIONSFORBUSINESS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAIANA ORTIZ GIRALDO at (347) 951-2856
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ALL ATTACHED
2021 SEP 24 PM 12:33

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

GOLDEN SOLUTIONS FOR BUSINESS 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 07/07/2021 and assigned Florida document number 121000311210.

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)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

Same

New Registered Office Address:

Enter Florida street address

City

Florida

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	DAIANA ORTIZ GIRALDO	148 EAGLEVIEW LOOP	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2021 SEP 24 15:12:33
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09-24-2021 BY 60322 UCBAW

[illegible]

(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.

SEPTEMBER 15th 2021

Signature of a member or authorized representative of a m

DAIANA ORTIZ GERALDO

Typed or printed name of signee

2021 SEP 24 PM 12:33
TOLSON
DELOACH
MOHR
BISHOP
CAGLIARI
CONRAD
FELT
GALE
Rosen
SOLIC
TAMM
TROTTER
WICK
WILLIAMS
WINTERROWD
Tele. Room
Holloman
Gandy

Filing Fee: \$25.00