

121 000 342 053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

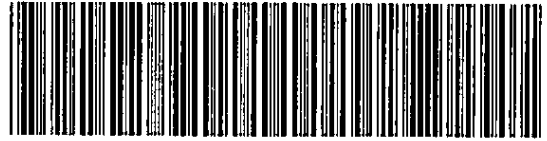
(Business Entity Name)

(Document Number)

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2021 NOV 15 AM 7:27  
STATE OF NEW YORK  
CLERK OF SUPREME COURT

A. BUTLER

DEC - 6 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLD CREEK 7711 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:

DONNA BROWNFIELD

\_\_\_\_\_  
Name of Person

GOLD CREEK 7711 LLC

\_\_\_\_\_  
Firm/Company

2423 JENKINS RD

\_\_\_\_\_  
Address

CHATTANOOGA TN 37421

\_\_\_\_\_  
City/State and Zip Code

DBROWNFIELD1961@GMAIL.COM

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

For further information concerning this matter, please call:

DONNA BROWNFIELD

423 595-6868

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

GOLD CREEK 7711 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 NOV 15 AM 7:27

The Articles of Organization for this Limited Liability Company were filed on 07/28/2021 and assigned  
Florida document number L21000342053.

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)

2423 JENKINS RD

CHATTANOOGA TN

37421

**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:

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 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	RACHELLE ROSE	730 TAMIAMI TRAIL	<input type="checkbox"/> Add
		PORT CHARLOTTE, FLORIDA	<input checked="" type="checkbox"/> Remove
		33953	<input type="checkbox"/> Change
MGR	GLENN BODNAR	730 TAMIAMI TRAIL	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE FLORIDA	<input type="checkbox"/> Remove
		33953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

[illegible]

**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.

Dated NOVEMBER 6 2021

*Dore Brownfield*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DONNA BROWNFIELD

Typed or printed name of signee