

L21000347971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

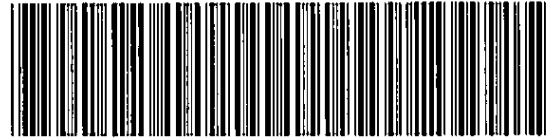
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL 9000

2021 AUG -9 PM 3:11

RECEIVED

• FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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**Corporation Name & Document Number, (if known):**

1. GOLDEN INVESTMENTS, LLC L21000347971  
(Business Name)

Document #

☐ Walk in

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☐ Photocopy

☐ **Certified Copy of ARTICLES OF ORGANIZATION**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () \_\_\_\_\_ Other  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

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\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

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\_\_\_ Will wait

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\_\_\_ **Certified Copy of ARTICLES OF ORGANIZATION**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
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\_\_\_ Domestication  
\_\_\_ Other  
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**AMMENDMENTS**

\_\_\_ Amendment  
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**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement

\_\_\_ APOSTIL () \_\_\_\_\_ Other  
Country

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Goldson Investments, 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:

Melicia Goldson  
Name of Person

Goldson Investments, LLC  
Firm/Company

3211 NW 118<sup>th</sup> Dr  
Address

Coral Springs, Florida 33065  
City/State and Zip Code

meliciagoldson@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Scott at 305, 307-9399  
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 32311

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2412 Capital Circle, SW  
Tallahassee, FL 32310

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

Goldson Investments 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 August 02, 2021 and assigned Florida document number L21000347971.

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)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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*

Florida

*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>
MGR	Melicia Goldson	3211 NW 118 <sup>th</sup> Dr Coral Springs, FLORIDA 33065	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL.

67

Effective date, if other than the date of filing: 1/1/2011 (optional)

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 August 9 2021

*AKG*

Signature of a member or authorized representative of a member

Melissa Golden

Typed or printed name of signer