B286640016J

(Democrated Name)					
(Requestor's Name)					
(Address)					
(Address)	<u> </u>				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
	_				
(Business Entity Name)					
(Document Number)					
(2000)					
Certified Copies Certificates of Status					
	-				
Special Instructions to Filing Officer.					
L					

Office Use Only



200375558262

10,/28/21--01010--018 **25.00

FILED 06
2021 NOV 17 PM 3: 22

C. BRUMBLEY



20211'0" 17 PM 1:05

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2021

YELITZA LEAON JURADO 421 OAKPOINT CIR DAVENPORT, FL 33837

SUBJECT: GOLD SUNRISE INVESTMENTS LLC

Ref. Number: L21000422858

We have received your document for GOLD SUNRISE INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 321A00027231

Catherine M Brumbley Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section

TO:

CR2E062 (9/15)

Division of C	lorporations		
GOLD S	SUNRISE INVESTMENTS	LLC	
	1	Name of Limited Liah	oility Company
Dear Sir or Madam:			
The enclosed Stateme	nt of Correction and fee(s) a	are submitted for filing	g.
Please return all corre	spondence concerning this r	matter to the following	g:
YELITZA LEON JU	RADO		
(-	Name of Person		_
b	/ Firm/Company		
421 OAKPOIN CIR			
	Address		-
DAVENPORT, FLO	RIDA, 33837		
	City/State and Zip Code		_
goldsunrisellc@gmai	l.com		
E-mail address:	(to be used for future annua	l report notification)	_
For further informatio	on concerning this matter, pl	ease call:	
YELITZA LEON JU	RAIXO	863 at (6329413
Nam	ne of Person	Area Code	Daytime Telephone Number
P.O. Box (n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check f	or the following amount:		
■\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			_	ed to contect a previously med doc	umem.		
<u>FIRST</u>	: The nar	ne of the limited liability	company is:	RISE INVESTMENTS LLC			
	_						
SECO!	ND:	The Florida Document	number of the limited liab	ility company is:	<u> </u>		
THIRE) :	Document to be correct	ed is: Articles	39 Organization			
	(C	HECK THE APPROP	RIATE BOX AND CON	IPLETE THE APPLICABLE S	<u> FATEMENT</u>		
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the statement are as follows:						
	THE N.	AME OF REGISTERED	AGENT NAME, AUTHOR	RIZED PERSON DETAIL WITH T	HE TITLE IS		
	INCOR	RECT, THE CORRECT	NAME IS YELITZA LEO	N JURADO AND THE TITLE			
	IN AU	THORIZED PERSON DE	TAIL IS AMBR (Authoriz	ed Member).			
	<u>or</u>						
Ø	Was de		nner in which the docum	ent was defectively signed and the	appropriate correction are		
					2021 A		
	<u>OR</u>				17 / VON 17 /		
0	The elec	etronic transmission of the	ne record was defective.	November, 1.	S Zozli		
		Signature of Authoriz	ed Representative	Date			
-		v registered agent, if app signation).	licable :(NOTE: if correc	ting the registered agent, the new t	registered agent must sign		
l hereby provisio obligati	y accept i ons of all ions of m a change	the appointment as regis statutes relative to the p y position as registered (roper and complete perfo agent as provided for in C	nct in this capacity. I further agree rmance of my duties, and I am fan hapter 605, F.S. Or, if this docum that the limited liability company h nt's Signature	illiar with and accept the ent is being filed to merely		
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			