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(R	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS
JAN 1 8 2022



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RECEIVED

Letter Number: 521A00027623

FLORIDA DEPARTMENT OF STATE

Division of Corporation SECRETARY OF STATE TALLAHASSEE, FL

November 15, 2021

YERANY D RAMIREZ FUMERO 2730 SE 16TH AVE HOMESTEAD, FL 33035

SUBJECT: GOLDEN COOST DRIVING SCHOOL, LLC

Ref. Number: L21000461028

We have received your document for GOLDEN COOST DRIVING SCHOOL ,LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper forms) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

; TO: Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	YERANY D RAMIREZ F	UMERO	
		Name of Person	
		Firm/Company	
	2730 SE 16TH AVE		
		Address	
	HOMESTEAD,FL 33035		
		City/State and Zip Code	
	goldencoastdrivingschool@ E-mail address: (gmail.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
YERANY D RAMIREZ	FUMERO	305 9752414	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

GOLDEN COOST DRIVING SCHOOL JLC (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 $\frac{10/22/2021}{10/22/2021}$ and assigned Florida document number 1.21000461028 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GOLDEN COAST DRIVING SCHOOL JLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change
			□Remove
		□Change	
			□Add
			□Remove
			□Change

паш	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an cl : <u>Note</u>	tive date, if other than the date of filing:
ne reco	ord 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 filed.
Dated	01/05/2022
	Clerciny LR
	Signature of a member or authorized representative of a member
	Yerany Darany Rumirez Finer
	Typed or printed name of signed

Filing Fee: \$25.00