

3/8/22, 1:44 AM

Division of Corporations

Florida Department of State

Division of Corporations

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2022 MAR -9 PM 4:35

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COUCELO ASSOCIATES, INC.

Account Number : I20120000069

Phone : (561)683-3000

Fax Number : (561)965-0938

2022 MAR -9 PM 5:10
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03/10/2022 BY 60322

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: legacytaxcops@gmail.com

K. SALY

MAR 10 2022

LLC AMND/RESTATE/CORRECT OR M/MG
RESIGN

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3/8/22, 11:44 AM

Division of Corporations

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FLORIDA GOLDEN OAKS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

14220000874623

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA GOLDEN OAKS, 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:

ARNALDO J COUCELO
Name of Person
COUCELO ASSOCIATES, INC
Firm Company
1818 S AUSTRALIAN AVE SUITE 230
Address
WEST PALM BEACH, FL 33409
City/State and Zip Code
LEGACYTAXCORPS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO J COUCELO 561 683-3000
Name of Person at () 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

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2022 MAR -9 PM 5:10
FILED
TALLAHASSEE, FLORIDA

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

FLORIDA GOLDEN OAKS, 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 02/14/2022 and assigned

Florida document number L22000074275

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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

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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>
AMBR	KRIS THOMAS	3300 S DIXIE HWY 1-141	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOSEPH BANGO	3300 S DIXIE HWY 1-141	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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ALACHUA COUNTY FLORIDA

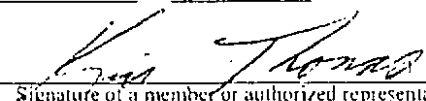
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 MARCH 8 2022



Signature of a member or authorized representative of a member

KRIS THOMAS

Typed or printed name of signee

Filing Fee: \$25.00

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