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(((H230001927913)))



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To:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131 Phone : (888)453-0509 Fax Mumber

> $\ref{eq:enter}$ the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Epail Address: Accountantal-lanzonal com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOTA PROPERTY GOLD STAR LLC

Certificate of Status	0 .]
Certified Copy	0 .
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Help

Registration Section

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

COVER LETTER

Division of Cor	porations					
	OPERTY GOLD STAR LLC					
SUBJECT:	Name of Limited Liability Company					
The anglosed Articles of	Amendment and fee(s) are sub	mitted for filing				
		-				
Please return all correspo	ondence concerning this matter	to the following:				
	ED KOTLER					
	Name of Person					
	TAX ZONE INC					
	Firm/Company					
	8865 COMMODITY CIR STE 4					
	Address					
	ORLANDO, FL 32819					
		City/State and Zip Code				
	ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notification)					
			neation)			
For further information c	oncerning this matter, please c	eli:				
ED KOTLER		407 \$88-3131 at()				
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C \$55.00 Filing Fee & Certified Copy (additional copy is caclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOTA PROPERTY GOLD STAR LLC			
(Name of the Limited I. (A f	lability Compa locida Limited	iny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liabil		were filed on 02/01/2023	and assigned
Florida document number L23000059358	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
			707
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "L	LC" or the abbreviation-"L.L.C."
Enter new principal offices address, if applicable	:	6476 NEEDLE WY	
(Principal office address MUST BE A STREET A		ST CLOUD, FL 34771	
			9; (
Enter new mailing address, if applicable:		6476 NEEDLE WY	0.0
(Mulling address MAY BE A POST OFFICE BOX)		ST CLOUD, FL 34771	
B. If amending the registered agent and/or registered agent and/or the new registered office address he Name of New Registered Agent:		address on our records, <u>en</u> t	ter the name of the new registers
Name Burning and Address Address 6	476 NEEDLE	. WY	
New Registered Office Address:		Enter Florida street add	dress
S	T CLOUD		Florida ³⁴⁷⁷¹
-		City	Florida 34771 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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GONZALES SANTIAGO, JUANA	8186 TAULSTOCK LAKES BLVD	
		ORLANDO, FL 32827	■Remove
			☐ Change
MGR	GONZALEZ SANTIAGO, JUANA	6476 NEEDLE WY	
112	· .	ST CLOUD, FL 34771	
		← Change	
			DAdd
			☐ Change
			bbA⊡
			□ Remove
			□Change
			□Add
		Change	
		🗆 Add	
			□Remove
			☐ Change

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From: Tax Zone

To:

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Filing Fee: \$25.00