

L23000059358

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (858)617-6383

From:
Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Accountant@taxzone.com

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

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Corporate Filing Menu

Help

S. ROBERTS

MAY 26 2023

2023
5/25/23 10:00

Vertical text on the left side of the page, possibly a stamp or handwritten note.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DOTA PROPERTY GOLD STAR 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 02/01/2023 and assigned
Florida document number L23000059358

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:

6476 NEEDLE WY

(Principal office address MUST BE A STREET ADDRESS)

ST CLOUD, FL 34771

Enter new mailing address, if applicable:

6476 NEEDLE WY

(Mailing address MAY BE A POST OFFICE BOX)

ST CLOUD, FL 34771

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:

6476 NEEDLE WY

Enter Florida street address

ST CLOUD

Florida 34771

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	GONZALES SANTIAGO, JUANA	8186 TAULSTOCK LAKES BLVD	<input type="checkbox"/> Add
		ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GONZALEZ SANTIAGO, JUANA	6476 NEEDLE WY	<input checked="" type="checkbox"/> Add
		ST CLOUD, FL 34771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

