

L23000184323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

JUN 28 2024

Office Use Only



400431200194

2024 JUN 27 PM 1:54

1.0000

RECEIVED

2024 JUN 27 PM 2:49

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Golden Dream Entertainment LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

114 Ponder's Printing • Tallahassee, FL 32301

- \_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Golden Dream Entertainment 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:

David Svec

Name of Person

Main Street Holdings LLC

Firm/Company

3941 TAMiami Trl Ste 3157 #76

Address

Punta Gorda, FL 33950

City/State and Zip Code

dave@mainstreetholdngs.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Svec - Authorized Consultant

323

363-6455

at ( )

Name of Person

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

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

2024 JUN 27 10:13:54

Golden Dream Entertainment 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 04/13/2023 and assigned  
Florida document number 123000184323.

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:

(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*

\_\_\_\_\_, 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

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          | Primary Management Services LLC | 1309 COFFEEN AVENUE STE 9717 | <input checked="" type="checkbox"/> Add    |
|              |                                 | SHERIDAN, WY 82801           | <input type="checkbox"/> Remove            |
|              |                                 |                              | <input type="checkbox"/> Change            |
| MGR          | David Roffey                    | 901 14th Lane                | <input type="checkbox"/> Add               |
|              |                                 | Vero Beach, FL 32960         | <input checked="" 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            |
|              |                                 |                              | <input type="checkbox"/> Add               |
|              |                                 |                              | <input type="checkbox"/> Remove            |
|              |                                 |                              | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

Daniel A. Suer  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Golden Dream Entertainment 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:

David Svec

\_\_\_\_\_  
Name of Person

Main Street Holdings LLC

\_\_\_\_\_  
Firm/Company

3941 TAMiami Trl Ste 3157 #76

\_\_\_\_\_  
Address

Punta Gorda, FL 33950

\_\_\_\_\_  
City/State and Zip Code

dave@mainstreetholdngs.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Svec - Authorized Consultant

323 363-6455

\_\_\_\_\_  
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