# L23000368167

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### COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: GOLDStripe Spor	ts Officiating, LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
E (nest	- Sellars III
- · · · · · · · · · · · · · · · · · · ·	Firm Company
613 NW 3	3rd ave unit 527 Address
	dale FL 33311 City/State and Zip Code
<u>esellars</u>	498@gmail.Lom To be used for findre annual report notification)
For further information concerning this matter, please e	all:
Ernest Sellars III Name of Person	at (484) 235 7272 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\ \$25.00 \text{ Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & ☐ \$60.00 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 (1)

**OF** 

# GOLDSTRIPE SPORTS OFFICIATING

(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 Aug 4th, 2023 and assigned
Florida document number <u>L23000368167</u>	J - 7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" 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)	613 NW 3 <sup>rd</sup> Ave, Ft. Lauderi FL, 33311
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, <u>enter the name of the new registere</u>
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and overvided for in Chapter 605, F.S. Or, if this document is
If Char	iging 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ernest Sellars III	G13 NW 3rd Ave, For+	<u></u>
	•	Louderdale, FL 33311	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, i	f other than the	date of filing	:			(optional)	
<u>ite:</u> If the date	inserted in this bl	ock does not m	eet the applical	o date of filing or a ole statutory fili	nore than 90 da ng requiremen	ys after filing.) i its, this date w	Pursuant to 605.02 fill not be listed:
cument's effec	tive date on the D	epartment of St	ate's records.				
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	a delayed effectiv	e date, out not ;	an checuve an	ie, at 12.01 a.m	on the carrie	Or, (D) THE	70th day after th
is filed.				_·			
is filed.	7						
record specifies is filed.	3	Signature of a n	ember or author	ized representativ	e of a member		

Filing Fee: \$25.00