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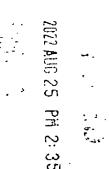
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COVER LETTER
Removal please **Registration Section** TO: **Division of Corporations** Iva Hauck Girtman, MBA, CPA (CFP, CDS, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Iva Hauck Girtman Name of Person Iva Hauck Girtman, MBA, CPA, LLC Firm/Company Post Office Box 1722 Address Bushnell, FL 33513 City/State and Zip Code ivacpa@earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Iva Hauck Girtman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

Iva Hauck Girtman, MBA, CPA, CFP, CDS,	LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)		
			•	
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{5-7-20}{}$	<u> </u>	and_assi	gned
Florida document number L07000050821	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
Iva Hauck Girtman, MBA, CPA, LLC				
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	nation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicable:				
• •				
(Principal office address MUST BE A STREET ADDR	(E33)			
Enter new mailing address, if applicable:		···· = · · · · · · ·	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
,				
	-			
B. If amending the registered agent and/or registered	d office address on our reco	rds, enter the na	me of the new	registered
agent and/or the new registered office address here:	d ville addition on our reco.	do, enter the ma	ne or the new	Tegisteret
Name of New Registered Agent:				
Twine of New Negistered Figure.				
New Registered Office Address:	Enter Florida :			
	Enter Florida :	street address	2	
		Florida _	022	
	City		- Zip Code	• • •
New Registered Agent's Signature, if changing Registered	d Agent:		\sim	

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 limiting 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory fi			
ocument's effective date on the Department of State's records.	<i>.</i>		
record specifies a delayed effective date, but not an effective time, at 12:01 a.r is filed.	n. on the earlier of: (b)	The 90th	day after the
ated August 23			
Tratauck Lu Ama	r		
	ive of a member		

Typed or printed name of signee