

L16000083856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

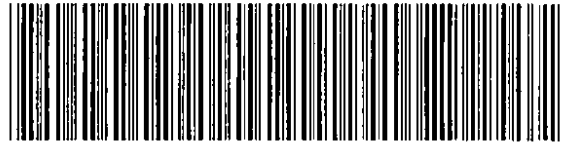
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R. HUNT  
67/21/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLDMAN TAX 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:

ALEXANDREA GOLDMAN

Name of Person

GOLDMAN TAX LLC

Firm/Company

220 SOUTH DIXIE HWY # 3

Address

LAKE WORTH, FL 33460

City/State and Zip Code

CLIVENS\_G@YAHOO.COM

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

For further information concerning this matter, please call:

ALEXANDREA GOLDMAN

561 582-7587  
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

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GOLDMAN TAX LLC

**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	ALEXANDREA GOLDMAN	220 SOUTH DIXIE HWY # 3 LAKE WORTH, FL 334	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDREA GOLDMAN	220 SOUTH DIXIE HWY # 3 LAKE WORTH, FL 334	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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FL

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

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STATE  
HOSSE, FL

100

**F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JULY 13, 2023

By: Goldman, Andrew  
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

ANDREA GOLDMAN

Typed or printed name of signee

**Filing Fee: \$25.00**