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(Requestor's Name)	
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D. F.R.J.C.F.

COVER LETTER

Division of Corporations Denzel Gaynor 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: Denzel Gaynor Name of Person Denzel Gaynor LLC Firm/Company 11838 Sir Winston Way Address Orlando, FL 32824 City/State and Zip Code Gaynorfx@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 973-3555 Denzel Gaynor Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **\$60.00** Filing Fee. ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

COVER LETTER

Division of Cor	porations	,				
Denzel Gay	enor LLC	•				
SUBJECT:	•*	· •				
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
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riease return an correspo	sidence concerning this matter	to the tonowing.				
	Denzel Gaynor					
		N. CD				
	Denzel Gaynor LLC	Name of Person				
	Denzer Gaynor E.E.					
		Firm/Company				
	11838 Sir Winston Way					
		Address				
	Orlando, FL 32824	Address				
	Onando, 113 32024					
	.	City/State and Zip Code				
	Gaynorfx@gmail.com					
	E-mail address: ((to be used for future annual report notification)	!	5,6	2:	
For further information c	oncerning this matter, please c	ealt:			2020 SEP	
Denzel Gaynor		407 973-3555			ĘĘ.	1000
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Name o	f Person	Area Code Daytime Teleph	ione Number		PH	i t
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Enclosed is a check for th	ne following amount:				 ယ က	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60.00 Filir Certificate Certified C	ng Fee. of Status &		
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TO:

Registration Section

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

If amer ing 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
			□Remove
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in effective date is listed, the dat	must be specific and cannot be prior to dat	e of filing or more than 90 days at	ter filing.) Pursuant to 605.03
ocument's effective date on t	is block does not meet the applicable in Department of State's records.	stauttory titing requirements, t	his date will not be listed
record specifies a dela The 90th day after the	eyed effective date, but not an record is filed.	effective time, at 12:01	. a.m. on the earlier
8/19/2020	8:04 p.m.		
ited			
May	Signature of a member or authorized	raprogantation of a manhar	