

121000395142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2021 OCT 12 PM 3:50
CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

OCT 20 2021



7:11 OCT 12 PM 12:47

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2021

GERTHA GOMAN LLC
4652 CASON COVE DR APT 310
ORLANDO, FL 32811

SUBJECT: GERTHA GOMAN LLC
Ref. Number: L21000395142

We have received your document for GERTHA GOMAN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 521A00023575

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GERTHA GOMAN LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KESSELIN GOMAN
Name of Person

Company
Firm/Company

4652 CASON COVE DR. APT 310
Address

Orlando, FL 32811
City/State and Zip Code

GerthaGomang@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KESSELIN GOMAN at (305) 775-3298
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: GERTHA GOMAN LLC

SECOND: The Florida Document number of the limited liability company is: L 21000395142

THIRD: Document to be corrected is: Name change of CEO and add a CEO to the company

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Change name of CEO to KESSELIN GOMAN. And add GERTHA GOMAN as the CFO. Gertha Goman had to step down from being the CEO. Her title is the CFO. KESSELIN GOMAN title is CEO of the LLC.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Kesselin Goman
Signature of Authorized Representative

FILED
2021 OCT 12 PM 3:50
CLERK OF COURT
TALLAHASSEE, FL
10/7/2021
Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Kesselin Goman
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)