LZ1000532738

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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2022 JAN 28 PH 1: 24 SECRETARY OF STATE

A. BUTLER FEB 16 2022

COVER LETTER

TO: Registration S Division of Co			RECENSO
	GUTTMAN LLC		. 2022 JAN -5 AM 8: 0
SUBJECT:	Name of Lin	ited Liability Company	SECRETARY OF STAT
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DENISA GUTTMAN		
		Name of Person	
	DENISA GUTTMAN LL	С	
		Firm/Company	
	645 CEDARS COURT		
		Address	
	LONGBOAT KEY, FL 34	1228	
		City/State and Zip Code	
	denisaguttman@gmail.com		
		to be used for future annual report notifi	ecation)
For further information	concerning this matter, please e	all:	
DENISA GUTTMAN		305 509-9891 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 radditional copy is enclosed:	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	JNG ADDRESS: tration Section	STREET/COURH Registration Section	

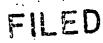
Division of Corporations

Tallahassee, Ft. 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DENISA GUTTMAN LLC	2022 18N 28 PM 1: 24
(Name of the Limited Liability Compan	vas it now appears on our reading AN 28 PM 1: 24 sability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	SECRETARY OF STATE SECRETARY OF STATE Were filed on 12/20/2021 TALLAHASSEE, FL and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	DENISA GUTTMAN	645 CEDARS COURT	
•		LONGBOAT KEY, FL 34228	Pemove
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Triective date, if the content of th	ther than the date of f sted, the date must be specifi	rifing: ic and cannot be prior to	date of filing or more th	(optionar) ian 90 days after filing.)	Pursuant to 605,0207 (.
Note: If the date in	serted in this block does t	not meet the applicabl	le statutory filing req	juirements, this date v	vill not be listed as th
document's effectiv	e date on the Department	t of State's records.			
	es a delayed effectiv		an effective time	, at 12:01 a.m. c	on the earlier of:
) The 90th day a	after the record is fil	led.	/]	.10	
D 27	١	2021	/	$\Delta I/I$	
Dated)		. / / /		
			1/6/	0716/1	
			JUNE C	N/	
	Signature	of a member or authoriz	red representative of a	menibei	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

RECEIVED

2022 JAN 28 AM 8: 58

SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE TALLAHASSEE. FL Division of Corporation

January 19, 2022

DENISA GUTTMAN 645 CEDARS COURT LONGBOAT KEY, FL 34228

SUBJECT: DENISA GUTTMAN LLC

Ref. Number: L21000532738

We have received your document for , however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

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.

Letter Number: 022A00001386

Anissa Butler Regulatory Specialist II

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