

L23000022416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

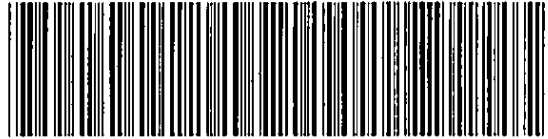
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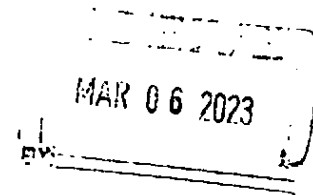
MAR 06 2023

Office Use Only



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FILED  
2023 MAR -6 PM 1:50  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
R. HUNT  
03/06/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLDENHANDSMAN 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:

DMYTRO USHAKOV

Name of Person

GOLDENHANDSMAN LLC

Firm/Company

13560 RANGELAND BLVD, APT 308

Address

ODESSA / FLORIDA 33556

City/State and Zip Code

garagedoordimaushakov@gmail.com

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

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JAN 12 - 5 PM 1:50  
DIVISION OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Polina Potupikova

Name of Person

at ( 303 ) 521 - 3546

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

GOLDENHANDSMAN LLC

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

2024-6 PM 1:50  
HART STATE  
LAPOSEE, FL

2024-08-06 PM 1:50  
 FLORIDA STATE  
 TALLAHASSEE, FL

(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.

Dated 02/27/2023, \_\_\_\_\_

  
Signature of a member

Signature of a member or authorized representative of a member

DMYTRO USHAKOV

Typed or printed name of signee

**Filing Fee: \$25.00**