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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOTTESKIND, 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:

ALAN R NULL
Name of Person

Firm/Company

1431 RAINEY RUN
Address

MONTICELLO FL 32344
City/State and Zip Code

ALANNULL@RALLYPOINTFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN R NULL at (854) 340-7459
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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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

GOTTESKIND LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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TALLAHASSEE, FL

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SECRETARY
TALLAHASSEE

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Dated 26 JUN 2023

ALAN R NOLL

Typed or printed name of signer