# 10600004275

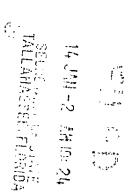
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



100254898721

01/02/14--01807--002 \*\*25.00



## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

STEVEN M. GLADSTONE, C.P.A. AND ASSOCIATES, 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:

# Steven M Gladstone

Name of Person

STEVEN M. GLADSTONE, C.P.A. AND ASSOCIATES, LLC

Firm/Company

13794 NW 4th Street, Suite 203

Address

Sunrise, Florida 33325

City/State and Zip Code

sgladstone@gscocpas.com

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

For further information concerning this matter, please call:

Steven M. Gladstone

 $at (\underbrace{954}_{Area\ Code}) \underbrace{514\text{-}7337\ ext}_{Daytime\ Telephone\ Number}$ 

Name of Person

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 (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### STEVEN M. GLADSTONE, C.P.A. AND ASSOCIATES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on 1/12/2006	and assigned
Florida document number L0600004235		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Gladstone & Company, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u>(**:</u>
(Principal office address MUST BE A STREET ADDRES	(SS)	7 20 F
		(6) PO (6)
Enter new mailing address, if applicable:		the see of the
(Mailing address MAY BE A POST OFFICE BOX)		77
<u></u>		22 N
B. If amending the registered agent and/or register registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
	, Flor	ida
	City	Zip Code

#### 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.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Man AMBR = Autl	ager norized Member		
<u>Title</u>	Name	Address	Type of Action
<u> </u>			Add
			Remove
			_
			Remove
<del></del>			Add
			Remove
		<i>∵</i> ₹.	,
		72 (72 (72 (72 (72 (72 (72 (72 (72 (72 (	
			in: 24
			Add
			_ Remove
			_
			Add
			Remove

		•
ive date, if other than the dat	e of filing:	(optional)
	e of filing: st be specific and cannot be more tha	(optional) n 90 days after filing.) (605.0
	e of filing: st be specific and cannot be more tha 2013	(optional) n 90 days after filing.) (605.0
		(optional) n 90 days after filing.) (605.0
ecember 31		
ecember 31		ative of a member
ecember 31		ative of a member

Filing Fee: \$25.00