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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

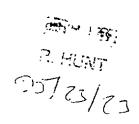
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

Linttor SUBJECT:	nG LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Linton Gordon Jr		
		Name of Person	
		Firm/Company	
	2162 NW 92 street		
		Address	
	Miami Fl, 33147		
		City/State and Zip Code	
	Info@gordondynamics.com	to be used for future annual report notificati	
For further information	concerning this matter, please c	•	(ou)
	concerning and matter, prease e		
Linton Gordon Jr		786 308-6700 at () Area Code Daytime Tel	
Name	of Person	Area Code Daytime Tel	lephone 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 (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration Section	n
	Corporations	Division of Corpora	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LintonG LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on06/04/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Gordon Dynamic LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1031 Ives Dairy Rd suite 228	
Principal office address MUST BE A STREET ADDRESS)	Miami Fl 33179	
Enter new mailing address, if applicable:	2162 Nw 92 Street	0181810 0181810
Mailing address MAY BE A POST OFFICE BOX)	Miami Fl 33147	20
B. If amending the registered agent and/or registered office	address on our records, enter the na	ame of the new register
agent and/or the new registered office address here:		t 0
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Elowida	
	, Florida ;	Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			Change
			\Add
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an effector. I	re date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	9/27/2023
ated _	
ated _	d c 1
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00