

200000005426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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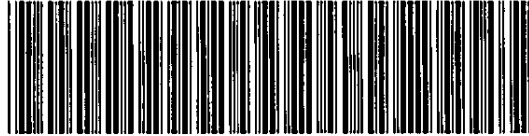
(Business Entity Name)

(Document Number)

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16 AUG -8 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 09 2016
J. HARRIS

GOLDBERG & NOONE, LLC

1533 Hendry Street
Suite 200
Fort Myers, Florida 33901
Telephone: (239) 461-5508

May 27, 2016

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

RE: *Goldberg, Racila, D'Alessandro & Noone*

Dear Sir or Madam:

Enclosed please find the following documents to be recorded by the Florida Division of Corporations:

1. Amendment to the Articles of Goldberg, Racila, D'Alessandro & Noone, LLC changing the name of the company to **GOLDBERG & NOONE, LLC.**;
2. Check enclosed for \$25.00 to cover the filing fee and certified copy fee.
3. Copy of the Articles of Amendment to be certified and returned to

Scot Goldberg
Goldberg & Noone, LLC
1533 Hendry Street
Suite 200
Fort Myers, Florida 33901

If you have any questions on the enclosed, please contact me.

Very truly yours,

Scot Goldberg

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

GOLDBERG, RACILA, D'ALESSANDRO & NOONE, 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 Company were filed on 05/08/2000 and assigned
Florida document number L00000005426.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOLDBERG & NOONE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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FLORIDA
STATE
AUG - 8
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TALLAHASSEE

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[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated MAY 27, 2016

Scot D. Goldberg
Typed or printed name

Typed or printed name of signee

SECRET
TALLAHASSEE, FLORIDA