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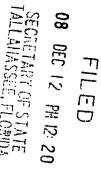
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D. BRUCE
DEC 15 2008

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	rporations				
SUBJECT: Gordor	14140. LLC				
SUBJECT: OJ. GO.	(Name of Limi	ted Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	·		
Please return all corresp	ondence concerning this matter	to the following:			
	Laird A. Lile, Esq.				
	t and A. End, Esq.	(Name of Person)			
	Laird A. Lile, P.A.				
		(Firm/Company)			
1	3033 Riviera Drive, Suite	104		≓% 8	ı
		(Address)		LAI CORE	
	Naples, FL 34103			HASS HASS	F
		(City/State and Zip Code)		でに	ILED
For further information	concerning this matter, please ca	all:		OF STATE	
	,	•	:	20 20 20	
Laird A. Lile	· · · · · · · · · · · · · · · · · · ·	at (239) 649.7778			
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	r)	
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)	Certified	te of Status &	osed)
Regist	LING ADDRESS:	STREET/COURIER Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building			
Tallahassee, FL 32314		2661 Executive Cente	r Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

with the same of the first of the same that the same is

Gordon 4140, LLC					
(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>s.</u>)			
The Articles of Organization for this Limited Liability C	Company were filed on August 27, 2007	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the designat	ion "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)	ST F T			
		MAN NO F			
		FRSS PE			
Enter new mailing address, if applicable:		<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·				
•	(Enter Florida street address)				
	, Florid				
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM_	Richard P. Davis	c/o Laird A. Lile, Esq. 3033 Riviera Drive, Suite 104 Naples, FL 34103	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	PILED RETARY OF STA AHASSER, FISH
			FILED OEC 12 PH 12: 20 RETARY OF STATE AHASSELL FI hears
 Dated	2008		
	Susan (D. Clauis	
		r authorized representative of a member	
	Susan P. Davis, Managing Typed or	r printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00