(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Litz3-12207

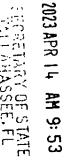
Office Use Only



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March 29, 2023

JEREMY LASNETSKI 40 SKYWOOD TRAIL JACKSONVILLE, FL 32081 US

SUBJECT: SHORSTEIN, LASNETSKI & GIHON, LLC

Ref. Number: L08000030011

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

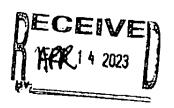
You must submit the complete application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 623A00007165



COVER LETTER

	tegistration Se Division of Cor			
SUBJECT		asnetski, & Gihon, LLC		
SUBSEC	·	Name of Limi	ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		Jeremy Lasnetski		
			Name of Person	
		Lasnetski Gihon Læv, LLC		
		· · ·	Firm/Company	
		40 Skywood Trail,		
			Address	
		Jacksonville, FL 32 381		
			City/State and Zip Code	
		jeremy@lglawfloridcom E-mail a dress: 0	to be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, φ ease ca	all:	
Jeremy La	asnetski		904 525-3332 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for tl	ne following amount:		
≣ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fer & 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)
n	Mailing Addres	ss:	Street Address:	
	Registration S		Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shorstein, Lasnetski, & Gihon, Li.C.		
. (<u>Name of the Litability Compa</u> (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number L08000030011	were filed on 3/24/2008	and assigned
This amendment is submitted to amend the fc flowing:		
A. If amending name, enter the new name of the limited liab	oility company here:	
asnetski Gihon Law, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if app icable:	121 West Forsythe Street, Ste. 52	SEC 5
Principal office address MUST BE A STRi ET ADDRESS)	Jacksonville, Florida 32202	23 APR
		<u> </u>
Enter new mailing address, if applicable:	40 Skywood Trail	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Mailing address MAY BE A POST OFFIC S BOX)	Ponte Vedra Beach, FL 32081	9: S
		. 💾 📆
B. If amending the registered agent and/o registered office gent and/or the new registered office add ses here: Name of New Registered Agent:		e name of the new regi
New Registered Office Address: 121 Wes	St Focsyth St. Suite Enter Florida street address	520
<u>Jecteso</u>	مارالا , Flori	ida <u>3220 L</u> Zin Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registe ed 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 the schange.

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>	Address	Type of Action
Mr.	Paul Shorstein	6550 St. Augustine Rd., Ste. 303	□Add
		Jacksonville, Fl. 32202	■Remove
	•	•	□Change
Mr.	Harry Shorstein	6550 St. Augustine Rd., Ste. 303	
		acksonville, FL 32202	■Remove
	•		Change
			□Remove
			Change
			
			□Remove
	· · · · · · · · · · · · · · · · · · ·		
			□Remove
			Change
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			Remove
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reffective date is te: If the date i	other than the dat listed, the date must be nserted in this block ive date on the Depar	does not meet the	ot be prior to date o he applicable sta	of liling or more tha	(optional) n 90 days after filing irements, this date	(.) Pursuant to 605.020
cord specifies a s filed.	a delayed effective da	ite, but not an ef	fective time, at	12:01 a.m. on the	earlier of: (b) T	he 90th day after the
ted	(/12/	· _2	023			
		,///				
	- Sig	nature of a member	er or authorized re	presentative of a m	ember	

Filing Fee: \$25.00