

L10000029443

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 12 2013
D. ERUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GUNTIN & GUST PLC

Name of Limited Liability Company

Business Purpose: The sole and specific purpose is to render legal services.
The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Quattromani

Name of Person

Wolkov LLP

Firm/Company

1441 Brickell Ave, 15th Floor

Address

Miami, Florida 33132

City/State and Zip Code

lquattro@wolkovllp.com

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

For further information concerning this matter, please call:

Lauren Quattromani

Name of Person

305 297-1878

at ()

Area Code & Daytime Telephone 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)

☐ \$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

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TALLAHASSEE FLORIDA

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

GUNTIN & GUST PLC

(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 March 17, 2010 and assigned
Florida document number L10000029663.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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 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

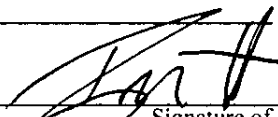
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---|--|
| MGRM | Ed Guntin | 304 Indian Trace Road No 750 Weston, Florida 33326 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Andrew Gust | 304 Indian Trace Road No 750 Weston, Florida 33326 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Ed Guntin, P.C. | 117 S Cook St #358 Barrington, Illinois 60010 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Andrew Gust, P.A. | 7980 Saddlebrook Dr. Port St. Lucie, Florida 34986 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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SEP 29

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.



Signature of a member or authorized representative of a member

Benjamin Wolkov

Typed or printed name of signee

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Filing Fee: \$25.00

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