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**EXAMINER** 



## **COVER LETTER**

Division of C					
SUBJECT:	Gorn	to Legal, PL			
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Bradford B. Gornto			
	Name of Person				
Gornto & Gornto, P.A.					
Firm/Company					
444 Seabreeze Boulevard, Suite 200				7AL 98	
	Address			C R	magnet.
Daytona Beach, FL 32118				2011 MAR -9 SECRETARY ALL AHASSE	
	City/State and Zip Code			23 -	m
	joan@gorntolaw.com  E-mail address: (to be used for future annual report notification)		ion)	AT IN OS	
For further information	concerning this matter, please of		,	AH 14: 09 OF STATE FLERIDA	
	Joan Ortagus	at ( 386 ) 25	7-1899		
Name	e of Person	Area Code & Daytime To	elephone Number	<del></del>	
Enclosed is a check for	the following amount:				
<b>₹</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	)
	LING ADDRESS:	STREET/COURIER	ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gornto	o Legal, PL		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	11/12/2010	and assigned
Florida document numberL10000117916			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
Planned Giving	Donor Support, LL	С	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			<b>X</b>
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		
			The state of the s
			-9 -9
Enter new mailing address, if applicable:	<del> </del>		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
			<u>8</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		777 h 2	
	En	ter Florida street ad	dress
	C)	, Florida	7: 0.1
	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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
<del></del>	<del>-1</del>		SE Add		
			SET CORMOVE O		
D. If amend	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessar)	(A)		
_					
Dated	March 12 ,2	2011			
	Signature of a memb	er or authorized representative of a member			
	Bradford B. Gornto,	authorized representative of member			
	Туре	ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00