## 111000058842

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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7022 JUN -9 AM 11: 07

RECEIVED

A. RAMSEY JUN 1 0 2022

Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
CORP	Conversion
Other	Merger
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Not for Profit	Resignation of R.A. Officer/Dir
Profit	XAmendment
NEW FILINGS	<u>AMMENDMENTS</u>
X Certificate of Status	
X Certified Copy AMENTAGENT	ONLY PROM-3/28/1984
Photocopy	
Mail out	Will wait
Walk in	Pick up time
BUSINESS ( Name)	Document #
	ACCOUNT: 120210000160 AMOUNT: \$60.00 L11000058842

. FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

E. J. Gordon and Associates, LLC BUSINESS (Name)	.11000058842 Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy AMERICAN COM	EKONOMINA-
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	X Amendment
Not for Profit Limited Liability	Resignation of R.A. Officer/D. Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ()	Other
intry	

## **COVER LETTER**

TO: Registration Sec Division of Corp			
	and Associates, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	E. J. Gordon and Associates, LLC    Name of Limited Liability Company		
Please return all correspon	ndence concerning this matter t	to the following:	
	Christina Y. Williams		31
		Name of Person	
	JMC Multi Services, LLC		
		Firm/Company	
	2893 West Sunrise Bouleva	urd	
		Address	
	Fort Lauderdale, FL 33311	i	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report n	ourication)
For further information c	oncerning this matter, please ca	all:	
Christina Y. Williams			
Name o	f Person	Area Code Days	ime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fec		Certified Copy	Certificate of Status & Certified Copy
Registration Division of C	Section Corporations	Registration : Division of C	Section Corporations
Tallahassee,		2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

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

FILED

2022 JUN -9 AM 11: 07

E. J. Gordon and Associates, 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 Florida document number $\frac{L11000058842}{L11000058842}$	e filed on 05/17/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
E. Gordon and Associates, LLC		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abl	reviation "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 here:  Name of New Registered Agent:	ess on our records, enter the name	
New Registered Office Address:	Enter Florida street address	
<u></u>	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	o act in this capacity. I further agr formance of my duties, and I am f pided for in Chapter 605, F.S. Or,	ree to comply with the amiliar with and if this document is

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>	Name	<u>Address</u>	Type of Action
AMBR	Timothy B. Gordon	1808 Northwest 25th Terrace	□Add
	·	Fort Lauderdale, FL 33311	■ Remove
			Change
AMBR	James A. Gordon	1808 Northwest 25th Terrace	□ ∧dd
		Fort Lauderdale, FL 33311	≣Remove
			□Change
AMBR	Diane G. Scott	1800 Northwest 25th Terrace	
		Fort Lauderdale, FL 33311	Remove
			Change
AMBR	Charles E. Gordon	1224 Quiet Arbor Court	□Add
		Lithonia, GA 30058	Remove
			Change
			□Add
			□Remove
			☐Change
			□Aðd
			□Remove
			□Change

Fective date, if other than the date of filing:  May 19, 2022  (optional)  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 2027  diet. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as securement's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.  The specifies and specifies are specified as a specifies and specifies and specifies and specifies are specified as a specifies and specifies and specifies and specifies are specified as a specifies and specifies and specifies are specified as a specifies are specifies are specified as a specifies are specified as a specif		<u></u>	····· -	
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Filing Fee: \$25.00