

L 12000014310

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(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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LAW OFFICES OF  
**FRESE  
HANSEN**

ANDERSON, ANDERSON,  
HEUSTON & WHITEHEAD, P.A.

\* BOARD CERTIFIED IN TAX LAW  
\*\* BOARD CERTIFIED IN WILLS,  
TRUSTS AND ESTATE LAW  
\*\*\* BOARD CERTIFIED IN CIVIL  
TRIAL LAW  
\$ BOARD CERTIFIED IN REAL  
ESTATE LAW

February 2, 2016

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

**RE: Estate Planning**  
**File No.: 215-0229.2000**

To Whom It May Concern:

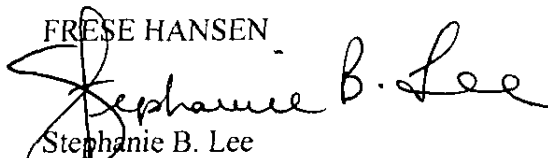
Enclosed please find a request for amendment to the Articles of Organization of JP Gordon, LLC and a request for amendment to the Articles of Organization of Ollie D. Weiner, LLC, both to incorporate Celena Cobb as an authorized member.

Also enclosed is our check #: 83894 in the amount of \$50.00 that should cover the \$25.00 filing fee for each amendment. Once the amendments have been fully processed, please forward copy of the revised Articles of Amendment to me in the enclosed self-addressed, stamped envelope.

Should you have any questions, or should you need any additional information, please do not hesitate to contact me at 321-984-3300 or [sblee@fresehanzen.com](mailto:sblee@fresehanzen.com).

Thank you for your time and attention.

Very truly yours,

FRESE HANSEN  
  
Stephanie B. Lee  
Assistant to Stephen P. Heuston

/sbl

Enclosures as stated

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JP Gordon LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ekko Niedermeier

Name of Person

Firm/Company

PO Box 510234

Address

Melbourne Beach, Florida 32951

City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Mercer

Name of Person

at (321) 223-2678

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

**JP Gordon 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 filed on 01/31/2012 and assigned Florida document number L12000014310.

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 contain 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)**

1360 South Patrick Drive

Suite 2

Satellite Beach, Florida 32937

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:

No Change

New Registered Office Address:

1360 South Patrick Drive, Suite 2

Enter Florida street address

Satellite Beach

Florida 32937

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 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 this change.*

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Celena R. Cobb	PO Box 510234	<input checked="" type="checkbox"/> Add
		Melbourne Beach, Florida 32951	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FLORIDA

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UCBAW

16 FEB -4 PM 1:59

10/20/2015

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Oct 27, 2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Ekko Niedermeier

Typed or printed name of signee