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SEPOS 2014 J. BRUCK

COVER LETTER

TO: Registration Section Division of Corporations	
SURJECT: Gordon John Henke LLC	
SUBJECT: 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:	
Jamie Bunkley	
Name of Person	•
Tax Savers	
Firm/Company	•
1300 Enterprise Dr Unit A	23
Address	
Port Charlotte, FL 3395-3801	AUG 28 PH 2
City/State and Zip Code	<u> </u>
jamie@taxsaversfl.net E-mail address: (to be used for future annual report notification)	2: 2
For further information concerning this matter, please call:	3
Jamie Bunkley941,625-1925	
Name of Person Area Code Daytime Telephone Number	
, , , , , , , , , , , , , , , , , , ,	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

Gordon John Henke LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 8/21/14	and assigned
Florida document number <u>L14000131558</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "I	.imited Liability Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •	ADECC)	2 3
(Principal office address MUST BE A STREET ADD	(KESS)	500 mm
		Agree 1915
		29 2 11
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		芝加 2
B. If amending the registered agent and/or registered agent and/or the new registered office ade	· ——	ter the name of the ne
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ ∧战d
			□ Remove
			□ Add
			□ Remove
			□ Add
			☐ Remove
		<u> </u>	AUG 28
			Ze Add P P P P P P P P P P P P P P P P P P
			□ Remove

Amend Article III (Purpos		

ective date, if other than the date of	filing:	(optional)
effective date must be specific, cannot be prior date this document is filed by the Florida Department	r to date of receipt or filed date and artment of State)	
rective date, if other than the date of effective date must be specific, cannot be prior date this document is filed by the Florida Departed August 26	r to date of receipt or filed date and	
effective date must be specific, cannot be prior date this document is filed by the Florida Department	r to date of receipt or filed date and artment of State)	

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