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COVER LETTER

TO: Registration So Division of Co		
Gordon,	, Myers & Goldfinger LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspondent	ondence concerning this matter to the following:	
	Hona Jones	
	Name of Person	
	Gordon, Myers & Goldfinger LLC	
	Firm/Company	
	13623 N Florida Ave	
	Address	
	Tampa, FL 33613	
	City/State and Zip Code	
	hona@gmbpartners.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Hona Jones	813 961-0530 x 2	
Name of Enclosed is a check for t	of Person Area Code Daytime Telephone Number	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	

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, Myers & Goldfing		
(Name of the Lim	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>L14000191982</u>	iability Company were filed on 12/17/2014	and assigned
Florida document number	.	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
Gordon, Myers & Goldfinger, LLC		
	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on our records, <u>en</u>	ter the name of the new
		\$2 N
Name of New Registered Agent:	Hona Jones	2
New Registered Office Address:		
	Enter Florida street address	益 無 公
	, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hona Jones	13623 N Florida Ave	■ Add
		Tampa, FL 33613	□ Remove
			□ Add
			□ Remove
			Remove
			□ Add
			□ Remove
			2014 DECC
			Remove 7
			5 8 3 9 3 1 1 3 1 1 1 1 1 1 1 1 1 1
			□ Remove

or amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
·	
Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Departmen	g:(optional) e of receipt or filed date and cannot be more than 90 days after t of State)
Dated December 19	2014
1	nember or authorized representative of a member
Otovon E Myers	Typed or printed name of signee

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Filing Fee: \$25.00

2014 DEC 22 AM 8: 31

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