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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gedeon Financial, LC 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:	
Evans Gedeon Name of Person Gedeon Financial, UC Firm/Company	
Firm/Company	
218 Parkwood Drive South	SECRE TALLAR
Loyal Palm Beach, Gorida, 33411 City/State and Zip Code	7 SET
evans, gedeon @gmail.com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	EDETO 2: 32
EVans Gedeon at (863) 944-7520 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	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

Gedeon Financial, 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 $08 06 2015$ and assigned Florida document number 15000134263 .
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) Roya (Palm Beach , 1-Lorange , 3341)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Royal Pulm Beach, Florida, 33411
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:
New Registered Office Address: 218 Parkwood Drive South 3
New Registered Office Address: 218 Parkwood Drive South Enter Florida street address Royal Palm Beach, Florida 33411 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			□ Add
			□ Remove
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Filing Fee: \$25.00