

L16000045116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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10/16/17--L16000--003 **30.00

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17 OCT 23 PM 2:08

SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

S. WARREN

OCT 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2017

PHILIP E GORDON
P.O. BOX 1494
VALRICO, FL 33595

SUBJECT: GORDON BUSINESS AFFAIRS LLC
Ref. Number: L16000045116

We have received your document for GORDON BUSINESS AFFAIRS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 717A00020830

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GORDON BUSINESS AFFAIRS 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:

PHILIP E. GORDON
Name of Person

J & G AUTO BROKERS LLC
Firm/Company

P.O. Box 1494
Address

VALRICO, FL 33595
City/State and Zip Code

GNYTECH111@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP E. GORDON at (727) 623-3501
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

(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 3-3-16 and assigned Florida document number L26000045146.

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)

5201 66TH ST. N.

ST. PETERSBURG, FL

33709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 1494

VALRICO, FL

33595

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:

5201 66TH ST. N.

Enter Florida street address

ST. PETERSBURG

City

Florida

33709

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

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STATE OF FLORIDA

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	CHRISTOPHER JAMES	5213 KEEN DR.	<input type="checkbox"/> Add
		PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

[illegible]

Effective date, if other than the date of filing: _____ (Optional)
(If 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 605.0207 (3)(b) the effective date will not be honored on this application.

If the record 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 record is filed.


Philip E. Allen

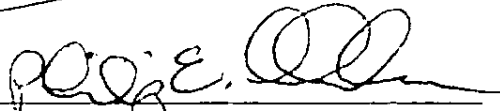
PHILIP E. GORDON

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STATE
TALLAHASSEE, FLORIDA

LETTER OF RESIGNATION

I, Christopher Jones hereby surrender and resign as part owner of J & G Auto Brokers LLC due to unforeseen circumstances. This document is legally binding and is signed voluntarily.

X 
Christopher W. James

X 
Philip E. Gordon