

**L16000137889**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**T WASHINGTON**

**DEC 12 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GORDIUM TRAUMA RECOVERY 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:

ARPANA SHIVDASANI  
Name of Person

GORDIUM TRAUMA RECOVERY LLC  
Firm/Company

4723 W. ATLANTIC AVE, SUITE 19  
Address

DELRAY BEACH, FL 33445  
City/State and Zip Code

ashivdasani@gordiumhealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arpana Shivdasani at (561) 562-0674  
Name of Person 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

GORDIUM TRAUMA RECOVERY LLC

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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	Arpana Shivdasani	4723 W. Atlantic Ave	<input checked="" type="checkbox"/> Add
		Suite 19	<input type="checkbox"/> Remove
		Delray Beach, FL 33445	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA

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CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

(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)

$$\frac{1}{2} \frac{d}{dt} \left( \frac{1}{2} \frac{d}{dt} \right)$$

Signature of a member or authorized representative of a member

Typed or printed name of signee