

L16000143270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

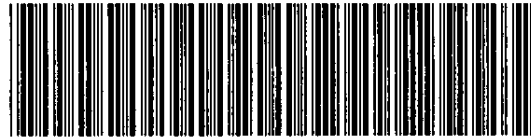
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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MAR 08 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gordium Rx 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:

Robert Zucker

Name of Person

Gordium Rx LLC

Firm/Company

4723 W. Atlantic Ave, Suite 2

Address

Delray Beach, FL, 33445

City/State and Zip Code

rzucker@gordiumhealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Zucker

Name of Person

at (561)

Area Code

962-1771

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$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

Page 1 of 3

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>
<u>AMBR</u>	<u>Robert Zucker</u>	<u>4723 West Atlantic Ave, Suite 2</u>	☒ Add
		<u>Delray Beach, FL, 33445</u>	☐ Remove
		<u></u>	☐ Change
<u>AMBR</u>	<u>Arpana Shivdasani</u>	<u>4723 West Atlantic Ave, Suite 2</u>	☒ Add
		<u>Delray Beach, FL, 33445</u>	☐ Remove
		<u></u>	☐ Change
<u>AMBR</u>	<u>Gordium Healthcare LLC</u>	<u>4723 W. Atlantic Avenue</u>	☐ Add
		<u>Delray Beach, FL, 33435</u>	☒ Remove
		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
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<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
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		<u></u>	☐ Remove
		<u></u>	☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEI/EIN Number: 81-3651453

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E. 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)

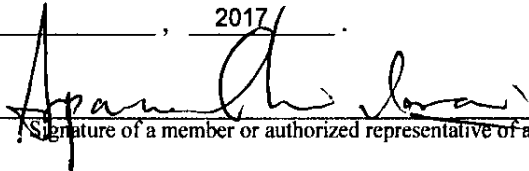
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 2 March

2017



Signature of a member or authorized representative of a member

Arpana Shivdasani

Typed or printed name of signee