

# L16000143272

\_\_\_\_\_  
(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:

Office Use Only



400292496344

11/21/16--01034--024 \*\*25.00

FILED  
16 NOV 21 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 22 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gordium Marketing Services 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:

Saransh Sharma

\_\_\_\_\_  
Name of Person

Gordium Healthcare Inc.

\_\_\_\_\_  
Firm/Company

4723 W. Atlantic Ave, Suite 1

\_\_\_\_\_  
Address

Delray Beach, FL 33445

\_\_\_\_\_  
City/State and Zip Code

contact@gordiumhealthcare.com

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

For further information concerning this matter, please call:

Saransh Sharma

561 562-0674  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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

FILED  
16 NOV 21 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Gordium Marketing Services 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 08/01/2016 and assigned  
Florida document number L16000143272.

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:

4723 W Atlantic Ave, Suite A1

**(Principal office address MUST BE A STREET ADDRESS)**

Delray Beach, FL 33445

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Enter Florida street address

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**

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	Gordium Healthcare LLC	4723 W Atlantic Ave,	<input type="checkbox"/> Add
		Delray Beach, FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Arpana Shivdasani	4723 W Atlantic Ave, Suite A1	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
16 NOV 21 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 NOV 21 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
NOV 21 PM 4:28  
16  
SECRETARY OF STATE  
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)

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

Dated 11/16/2016

Signature of a

**Arpana Shivdasani**

Page 3 of 3

**Filing Fee: \$25.00**