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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	Gordon, M	lyers & Matthew, LLC		
JOBS ECT		Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Hona Goldfinger		
		Gordon & Myers, LLC	Name of Person	
		13623 N Florida Ave	Firm/Company	
		Tampa, FL 33613	Address	
		hona@gmbpartners.com	City/State and Zip Code	
For further	information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report noti all:	fication)
Hona Gol	dfinger		813 961-0530	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS: ation Section	STREET/COURI Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gordon, Myers & Matthew, LLC				
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)		_	
The Articles of Organization for this Limited Lia	ability Company were filed on 11/15/2017	ar	nd assi	gned
Florida document number L17000236193				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
Gordon & Myers, LLC				
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the	abbreviat	ion "L.I	c."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET				
17 median office mureus model DE mornes.	DORESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u></u>			
				
B. If amending the registered agent and/o	or registered office address on our records, enter	r théΩn	ame c	of the n
registered agent and/or the new registered off	ice address here:) - (1)	<u></u>	
Name of New Registered Agent:			\subseteq	
		•	~:	
New Registered Office Address:	Enter Florida street address	·		
	rmer r tortaa street aaaress		: ان	
	, Florida	· · ·		
	City	Zin	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ ∩ Add
			☐ Remove
			□ Change
			
			Remove
			Change
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		* ***		
	7/8/2019)		
ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this b ocument's effective date on the E	st be specific and cannot be p lock does not meet the app	olicable statutory f	or more than 90 days after	
e record specifies a delaye The 90th day after the rec		not an effectiv	e time, at 12:01 i	a.m. on the earlier
July 8	2019	·		
Ohra G	Signoure of a member or a	uthorized representa	tive of a member	
	ergreyare organicalises of a	uniorned representa	are or a memoer	
Hona Goldfinger	Tunadasa	rinted name of signe		

Page 3 of 3

Filing Fee: \$25.00