121000162621

(R	equestor's Name)	- ·
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D)	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



500368279755

06/16/21--01010--018 **30.00

2021 JUN 16 PM 1: 16

JUL 15 201

. COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Gordon	H.S LLC Name of Limited Liability Company
The enclosed Articles of Amendment and for	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	20 Dart E. Gordon Name of Person
	Gordon H.S LLC Firm/Company
890	2 talmadge Ave Se
Raln	n Boy FL 32009 City/State and Zip Code
<u>Gove</u>	don transfervices LC equal-com nail address: (to be used for future annual report notification)
For further information concerning this mat	ter, please call:
Taylor Gordon	at (321) 999 - 4005
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	nt: 5 5
□ \$25.00 Filing Fee \$\frac{\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	g Fee & S55.00 Filing Fee & S60.00 Filing Fee,
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Li	ability Company)	ecorus.			
The Articles of Organization for this Limited Liability Company v	vere filed on 4-8-	2021	aı	nd assig	gned
Florida document number <u>L2 1000162621</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation	"LLC" or the	abbreviat	ion "L.L.	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	,				
(Mailing address MAY BE A POST OFFICE BOX)				 -	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	idress on our records, <u>e</u>	nter the na	me of th	ie new j	registered
Name of New Registered Agent:					
New Registered Office Address:				2	
	Enter Florida street a	ddress , Florida	ALL	21 JU점	e i
	City	<u>-</u>	; Zip	Code	
New Registered Agent's Signature, if changing Registered Agent:			; . r	PH	.
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p	e to act in this capacity. performance of my dutie	I further c s, and I an	igičee to n <mark>fami</mark> lio	comply ar <u>je</u> ith	: with the and

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dicument 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>	Address	Type of Action
MGRM	Taylor M. Gordon	896 talmadge Aves	<mark>SE</mark> □Add
		896 talmadge Aves Palm Bay, Fl 3290	A Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		- JAIL ARC	
			CRemove
			Change or Or Or Change or O
			□Remove
		<u> </u>	□Change
			🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Probert E. Gordon is 508 owner
Of Gordon 4.5 LLC as of 10-10-2021.
Taylor M. Gordon has Stepped Clawn
to office manager only. Any
Questions or concerns (all 321)999-4005
or Pobort E. Gordon Ot 321) 557-1825.
72 TAIL TO THE TOTAL TO THE TOT
E. Effective date, if other than the date of filing: <u>(0 -)0 - 202)</u> (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 Signature of a member or authorized representative of a member
Typed or printed name of signee