L22000387320

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
ied Copies	Certificates	of Status
ecial Instructions to I	Filing Officer:	

Office Use Only



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11/07/22--01029--015 **25.00

SECRETARY OF STATE

	COVERLETTER
gistration Se vision of Cor	
Gormley D	& D LLC
	Name of Limited Liability Company
sed Articles of	Amendment and fee(s) are submitted for filing.
arn all correspo	ndence concerning this matter to the following:
	Katie Wilson
	Name of Person
	New Business Filing
	Firm Company
	8170 Washington Village Drive
	Address
	Dayton, Ohio 45458
	City/State and Zip Code
	orders@newbusinessfifing.org
	fi-mail address; (to be used for future annual report notification)
ier information c	oncerning this matter, please call:
'ilson	888 701-6450
Name o	f Person Area Code Daytime Telephone Number

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 tadditional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO

ARTICLES OF ORGANIZATION OF

Gormley D & D LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
les of Organization for this Limited Liability Con	npany were filed on 09/02/2022	and assigned
eument number <u>L22000387320</u>		
idment is submitted to amend the following:		
ending name, <u>enter the new name of the limite</u>	d llability company here:	
me must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
w principal offices address, if applicable:		
office address MUST BE A STREET ADDRE	.52)	
		SEE SEE
		音音を
v mailing address, if applicable:		77 1
iddress MAY BE A POST OFFICE BON)		AS C
		刑 6
		FAT
nding the registered agent and/or registered of the new registered office address here:	ffice address on our records, enter the	name of the new register
of the new registered office address here.		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	Floric	la
	Cĩņ	Zip Code

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ed from our records:

Manager Authorized Member

<u>Name</u>	Address	Type of Action
Mercedes M Gomley	2138 Peggy Drive	
	Holiday, FL 34690	■Remove
		□ Change
		□Remove
		Change
		CAdd
		□Remove
		□Change
		□Remove
		Change
		DAdd
		□ Remove
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		CAdd
		Remove
		□Chanse

		
		
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I the date inserted in this	ne date of filling:	irsuant to 605.020' I not be listed as
l specifies a delayed effect sd.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	0th day after the
November 01	2022	
2.b.m.	Signature of a member or authorized representative of a member	
	- 	
Shawn Gormley		