Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

'From:

Account Name : LECPOLD KORN & LEOPOLD, P.A.

Account Number : 120010000025

Phone : (786)899-2235

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GPH HOLDINGS, L.C.

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COVER LETTER

TO: Registration Section

Division of Corporations

GPH Holdings, L.C. SUBJECT:

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:

	Maliana Cana DE D	ovelege)	
	Melissa Sosa, RE P	Name of Person	
	Leopold Korn, P.A.		
	Firm/Company		
	20801 Biscayne Blv	d., Suite 501	
		Address	
	Aventura, FL 33180		
	City/State and Zip Code		
	msosa@leopoldkorn		r = - 7
		to be used for future annual report nor	mention)
For further information of	concerning this matter, please of	nll;	
Melissa Sosa		786 899-2232	2
Name o	d'Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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

#15000C

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The same of the sa GPH Holdings, L.C The Articles of Organization for this Limited Liability Company were filed on 01/13/2000 Florida document number L00000000525 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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

Page 1 of 3

#150000209093

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
P	Abraham Menashe Fefer	4651 Sheridan Street, Suite 335	Add
		Hollywood, FL 33021	■ Remove
VP/S	Robert S. Lechter	4651 Sheridan Street, Suite 335	
		Hollywood, FL 33021	Remove
P/S	Robert S. Lechter	4651 Sheridan Street, Suite 335	
		Hollywood, FL 33021	Remove
			ZOIS JAN
			Remove
			PX 3: 00 PX 3: 00
	·		□ Remove
			□ Remove
			

If amending any other information	., enter change(s) here: (Attach ad	lditional sheets, if necessary.)
	- Aller of the Physics	
Effective date, if other than the dat (The effective date must be specific, cannot b the date this document is filed by the Florida	e prior to date of receipt or filed date and car	(optional) anot be more than 90 days after
Dated January 27	2015	
) <u> </u>
:		- MOK-
Sig Robert S. Lechter	nature of a member or authorized represen	

Page 3 of 3

Filing Fee: \$25.00

2015 JAN 27 PH 3: 00