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(Re	equestor's Name)	
(Ad	ldress)	
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(C)	tuiCtata MiniDhana t	<u> </u>
(Ci	ty/State/Zip/Phone #	7)
□ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	;)
(Do	ocument Number)	
Certified Copies	Certificates c	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Division of C			
GH Prop	erties, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	spondence concerning this matter t	to the following:	
	Brenda J Gray		
	<u></u>	Name of Person	
	GH Properties, LLC		
		Firm/Company	
	17582 Brown Rd		
		Address	
	Odessa FL 33556		
	brenda@grayhomes.com	City/State and Zip Code	
		to be used for future annual report no	otification)
For further informatio	n concerning this matter, please ca	all:	
Harry W. Gray		813 957-1640	
Nam	e of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for	r 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GH Properties, LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our reco- lability Company)	rds.)			
The Articles of Organization for this Limited L	iability Company	were filed on January 31, 200	2		and ass	igned
Florida document number 30-0001327						
his amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
N/A						
he new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LI	.C" or the	abbrevia	tion "L.	L.C."
Inter new principal offices address if appli	·aple·					
		17582 Brown Rd				
The new name must be distinguishable and contain the words "Limited Liabil 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)	Odessa, FL 33556			2018		
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				39 m - 19 - 17	25	,
<u> </u>		17582 Brown Rd				: 17.
(Mailing address MAY BE A POST OFFICE BOX)				- = ; .	<u>₹</u>	
		Odessa, FL 33556		===	<u> </u>	
					27	
If amending the registered agent and egistered agent and/or the new registered or			ds, <u>ent</u>	er the	name	of the
egistered agent and/or the new registered o	ince audi ess nei	<u>c</u> .				
Name of New Registered Agent:	Harry W. Gray	,			·	
New Registered Office Address:	17582 Brown F	Rd				
Ton Hogistered Office Halaces.	_	Enter Florida street addr	ress			_
New Registered Office Address:	Odessa		Florida	33556		
		City	. An IUA		p 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>	Address	Type of Action
MGR	Harry W Gray	17582 Brown Rd, Odessa 33556	■ Add
			☐ Remove
			Change
AMBR	Brenda J Gray		
		Formerly MGR	☐ Remove
		17582 Brown Rd, Odessa 33556 (pi	Change
			Add
			Remove
			Change
			□ Add
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tive date, if other than the date of fective date is listed, the date must be specif. If the date inserted in this block does nent's effective date on the Departmen	fic and cannot be prior to not meet the applicab it of State's records.	le statutory filing	re than 90 days afte requirements, th	iis date will	not be I	isted a
cord specifies a delayed effecti e 90th day after the record is fi		an effective ti	me, at 12:01	a.m. on t	the ear	rlier (
June 13,	2018					
X 7/ 15	,	-				
Signature	e of a member or authoriz	zed representative	of a member			

Page 3 of 3

Filing Fee: \$25.00