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T. HAMPTON

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EXAMINER

COVER LETTER

Registration Section

TO:

Divisio	of Corporations					
SUBJECT:	a second	BHB, LLC				
	Name of Lim	ited Liability Company				
The enclosed Art	icles of Amendment and fee(s) are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Robert P. Saltsman					
Name of Person						
Robert P. Saltsman, P.A.						
	Firm/Company					
	222 South Pennsylvania Ave., Suite 200					
	Address					
	<u></u>	Vinter Park, FL 32789				
		City/State and Zip Code				
aimee@saltsmanpa.com E-mail address: (to be used for future annual report notification)						
	E-mail address:	(to be used for future annual report notification)				
For further infor	mation concerning this matter, please	call:				
	Robert P. Saltsman	at (_407_) 647-2899				
	Name of Person	Area Code & Daytime Telephone Number				
Enclosed is a che	eck for the following amount:					
▼ \$25.00 Filing	Fee \$\int_\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\(\begin{array}{ll} \\$60.00 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section				
Division of Corporations		Division of Corporations				
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle				
	Tallahassee, FL 32314	Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GBHB, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appe Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	May 23, 2007	and ass	igned
Florida document numberL0700054845	<u></u> .			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lir</u>	nited liability company he	<u>·</u>		
The new name must be distinguishable and end with the will be used. It is a supplied to the will be used.	ords "Limited Liability Comp	pany," the designation "Ll	LC" or the a	bbreviatio
Enter new principal offices address, if applicable:	·			
(Principal office address MUST BE A STREET ADD	PRESS)			<u> </u>
				38
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Enter new mailing address, if applicable:			4	
(Mailing address MAY BE A POST OFFICE BOX)			70	989
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			ALC:	A
B. If amending the registered agent and/or regi	stered office address on	our records, enter th	ie name o	f the nev
registered agent and/or the new registered office ad	<u>dress here</u> :			9,5,
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address** Type of Action Title Title Name | Manuel A. Garcia, III MGR 601 N. New York Ave., Suite 201 _ Add Winter Park_FL_32789 √ Remove MGR GINA M. GARCIA-BUELL 601 N. New York Ave., Suite 201 Remove Winter Park, FL 32789 MGR MICHAEL BUELL 601 N. New York Ave., Suite 201 ✓ Add Winter Park FL 32789 ☐ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 5 Dated Signature of a member or authorized representative of a member Manuel A. Garcia, III Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00