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SEGRETARY OF STATE DIVISION OF CORPORATIONS

AUG 14 2012 T. HAMPTON

COVER LETTER

TO: Registration Se Division of Cor					
SUDJECT.	(SHS LLC			
SUBJECT:		ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	ndence concerning this matte	r to the following:			
		Georgann Schreiber			
Name of Person					
GHS LLC					
Firm/Company					
		12925 79th Street			
		Address			
		Fellsmere, FL 32948			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		gwenl@atlantic.net (to be used for future annual report notifica			
	E-mail address:	(to be used for future annual report notifica	tion)		
For further information co	oncerning this matter, please	call:			
Gwen	Y. Landers EA		70-2200		
Name of	f Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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	GHS LLC		
(<u>Name of the Limited Lia</u> (A Fid	ibility Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	7/30/2012	and assigned
Florida document number L1200009791	<u>1 </u>		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
Geo	organn Schreiber, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)	***************************************	
	 		
Futur non malting address if a militable.			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street ada	lress
_		, 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 Changing Registered Agent, Signature of New Registered Agent

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

	<u>Name</u>	Address	Type of Action
			Add Remove
	•		Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	- 01
			SEGRETAL ASIGN OF 2 AUG 1:0
<u></u>			- 2
Dated	gust 9 ,20	<u>)12</u> .	

Page 2 of 2

Filing Fee: \$25.00