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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC Account Number : 120140000083

Phone : (407)932-0040 : (407)520-5473 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GDH TOUCH LLC**

Certificate of Status	0
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Help

COVER LETTER

TO: Registration Sec Division of Corp		sed d	۲
GDH TOUC	CH LLC		
SUBJECT:	Name of Limited	Liability Company	1.
	Amendment and fee(s) are submindence concerning this matter to		
	GUSTAVO D HAMAME		
		Name of Person	
	GDH TOUCH LLC		
		Firm/Company	
	2113 CHATHAM PLACE I	DR .	
		Address	
	ORLANDO, FL 32824		
		City/State and Zip Code	
•	GDHFINALTOUCH@HOT	MAIL.COM be used for future annual report notific	estion)
	concerning this matter, please ca	407 780-637 4	
GUSTAVO D HAMA			Telephone Number
Name	of Person	Ales code 2-5	•
Enclosed is a check for	the 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)
P.O. Box 6	1 Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDH TOUCH LLC	y se it now ennears on our records.)
(A Plonda Limited Liability Company	ability Company)
he Articles of Organization for this Limited Liability Company w	were filed on 03/11/2013 and assigned
lorida document number L13000036426	
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the anotherisation 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 a agent and/or the new registered office address here:	address on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strvet address
THE PARTY OF THE P	
	, FloridaZip Code
	City Zip Cour
Now Registered Apent'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> Fitle</u>	Name	Address	Type of Action
MGR	CLAUDIA M HAMAME	2113 CHATHAM PLACE DR	∃Add
·		ORLANDO, FL 32824	□ Remove
			Change
			□Add
~			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			OChange
			DAdd
		□Remove	
		Change	
			□Add
	 -		
	·		Change

if amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effectiv	re date, if other than the date of filing:
Note: 1	f the date inserted in this block does not theel the approximate surveys years
docume	nt's effective date on the Department of State's records.
ie record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is file	æ. ,
Dated	2 19 2021
Dated_	\overline{n}
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00