

L13000129714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

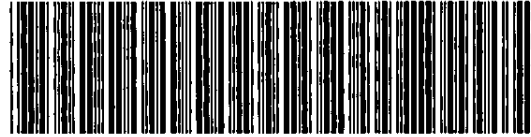
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100260210131

05/19/14--01029--011 **95.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN - 2 P 2:59

FILED

B. BOSTICK

JUN - 3 2014

EXAMINER

Attention Florida Department of state, division of Corporations

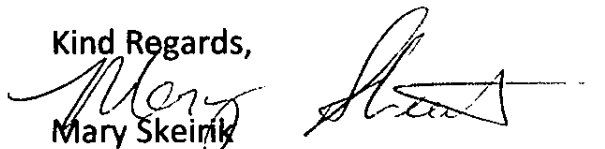
I have enclosed a check for \$95.00 to cover three separate charges assessed for amending the address of registered agent and Title for:

The Perfect Storm Charity, Inc.
Skydance Studios, Inc.
GHT Institute, LLC

All necessary documentation is enclosed within. Please make any adjustments and modifications as needed.

Thank you in advance for your assistance.

Kind Regards,


Mary Skeirik
Founder of The Perfect Storm Charity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN -2 P 2:59

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHT Institute LLC
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:

Mary Skeirik
Name of Person
GHT Institute LLC
Firm/Company
2210 North Federal Hwy
Address
Boca Raton FL 33431
City/State and Zip Code
mary@ghtinstitute.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Skeirik at (561) 948 1948
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2014 JUN -2 P 2:59
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GHT Institute LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/13/2013 and assigned Florida document number L13000129714

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 "L.L.C."

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:

2210 North Federal Highway

Enter Florida street address

Boca Raton

City

Florida

33431

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 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2011 JUN - 2 P 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I was told I must be listed as
president only mgh is given
as an option under title

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

5/13/2014

Mary Skeirik

Signature of a member or authorized representative of a member

Mary Skeirik

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN -2 P 12:59

FILED