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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STAT

COVER LETTER

TO:

то:	Registration Sec Division of Corp					
	GFH Holdir	ngs LLC				
SUBJEC	CT:	Name of Limi	red Liability Company			
The encl	losed Articles of .	Amendment and fee(s) are subt	mitted for filing.			
		ndence concerning this matter t				
		Marla Harris				
			Name of Person			
		GFH Holdings LLC				
			Firm/Company			
		14 E. Washington S∀ Si	nite 402			
			Address			
		Orlando, FL 32801				
			City/State and Zip Code			
		bill@parliamenthouse.com			~>	
For furt	her information c	E-mail address: () concerning this matter, please ca	to be used for future annual report notifull:	ica(tor)	2022 AUG 18 PM 2: SECRETARY OF ST	المانية.
D. Grat		•	407 491-7863		LAHA LARA 18 18	
	Name c	of Person	Area Code Daytime	Telephone Number	PH SSEI	
Enclose	ed is a check for t	he following amount:			2: 56 STATE E. FL	
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Mailing Addre Registration		<u>Street Address:</u> Registration Sec			
Division of Corporations		Corporations	Division of Cor The Centre of T			
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monro		10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GFH Holdings LLC			
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on our ro d Liability Company)	ecords.)
The Articles of Organization for this Limited L Horida document number $\frac{1.13000139040}{1.000139040}$		ny were filed on October 2, 20	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liz	ability company here:	
The new name must be distinguishable and contain the selection of the sele	cable:		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office addre	registered offic	14 E. Washington Sr : Su Orlando, FL 32801 ce address on our records, e	HARY OF S
Name of New Registered Agent:	Don Granats	stein	
New Registered Office Address:	29 S. Orango	2 Ave Enter Florida street o	uddress
	Orlando		, Florida <u>32801</u>
		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 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	Joel S Granatstein	410 N. Orange Blossom Trail	□Add
		Orlando, FL 32805	■Remove
			□Change
			DAdd
			Remove
			☐ Change
			SECRETARY TALLAHA
			TARY OF STATE
			[]Change
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record specifies a delayed effec l is filed.	tive date, but r	not an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th d	ay after t	the
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Filing Fee: \$25.00