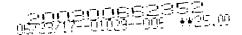
L14000 168327

(Req	uestor's Name)	
(Add	iress)	
(Add	Iress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer	

Office Use Only



200300662352



17 JUN 23 PM 12: 58

S. WARREN
JUN 2 6 2017

COVER LETTER

	rporations		
GH _g 64 LL6 SUBJECT:	•		
	Name of Lin	nited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Gilda Olaniel		
		Name of Person	
	c/o Barbara Sanjurjo, P.A		
		Firm/Company	
	2630 SW 28 Street, Suite 6	51	
		Address	
	Coconut Grove, FL 33133		
	goloniel@hells	City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notifi	cation)
or further information c	oncerning this matter, please co	all:	
Tilda Olaniel		305 778-9228	
Name c	f Person	at () Area Code Daytime	Telephone Number
inclosed is a check for t	ne following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

GH 64 LLC			
(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
e Articles of Organization for this Limited	Liability Company were filed on 10/28	3/2014	and assigned
orida document number 1.14000168327			
is amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liability company here	<u>2</u> :	
enew name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the a	bhreviation "L.L.C."
ter new principal offices address, if appl	icable:		
rincipal office address MUST BE A STRE	(ET ADDRESS)		
nter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICI	E BOX)		
If amending the registered agent and	d/or registered office address on o	our records, enter	the name of the
istered agent and/or the new registered	office address here:		<u> </u>
	D t C ' ' D t		23
Name of New Registered Agent:	Barbara Sanjurjo, P.A.		3
New Registered Office Address:	2630 SW 28 Street, Suite 61	-	<u>5</u>
		i street address	26 28 28 28 28
	Coconut Grove	, Florida <u>33</u>	1133
	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Gilda Hernandez Olaniel		🗆 Add
			■ Remove
	Colda Olaniel as Tructes of	Clu Barbara Sanjuajo, p. t. 2630 SVV 28 Street, Ste 61	🗖 Change
MGR	FAC Gilda Olaniel Rev. Living Trust	COCCOU+ GROVE FL 33133	Add
			Remove
			Change
			□ Add
		<u> </u>	D Change
			🗖 Add
			□ Remove
			Change
			□ Add
		Remov	□ Remove
			Sir□ Cl ange
		1.5 1.6 1.6	
			Edmove 2:
		AQRIO	∴ ⊆ Fin Ex Change

		 .			 .	
				·		
						<u>_</u>
-	-					
		, <u>, , , , , , , , , , , , , , , , , , </u>	-			
_						
		-			 .	
	-					
-						
						_
			_ .	 _	 .	 -
				·		
	<u> </u>					
ective date, if o	ther than the date sted, the date must be sp	of filing:	riar to data at tilina an	(0]	ptional)	05.03
e: If the date ins	serted in this block do	oes not meet the app	plicable statutory fil	ing requirements,	this date will	not be listed:
umem s'enective	e date on the Departr	aent of State's recor	ras.			
record specific	es a delayed effe	ective date hut	not an effective	atime at 12:0	1 a m. on :	the earlier
he 90th day a	ifter the record is	s filed	not an enective	time, at 12.0	L a.iii. Oii i	tile earlier
	Line Di		_		<u> </u>	
ed	one 21	<u>)0,</u>	<u> 12</u> .			7 JI
	17:1	50				₩ 2
	Signa	ture of a member or a	uthorized representati	ve of a member	10.5	3 PH
					· .	<u> </u>
	/	7/iDA 6	DUANIE		 ;	72:

Page 3 of 3

Filing Fee: \$25.00