

06/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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From:

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Phone : (614)208-3338
Fax Number : (954)208-0845

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LLC AMND/RESTATE/CORRECT OR M/MG DESIGN
GV GROVE INVESTMENTS HOLDINGS, LLC

Certificate of Status	0
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

2017 APR -6 AM 9:34

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2017 APR -6 PM 3:44

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

APR -7 2017

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

GV GROVE INVESTMENTS HOLDINGS, LLC

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

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2017 APR -6 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/01/2016 and assigned Florida document number L16000163650.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GBPH INVESTMENTS, LLC

The new name must be distinguishable and contain 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:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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2011 MAY 17
STAFF OF
LEGISLATIVE
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2017

Signature of a member or authorized representative of a member

Jack M. Maag, Authorized Representative

Typed or printed name of signee