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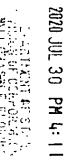
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDNA MENDEZ		
	-	Name of Person	
	EMPIRE BUSINESS & T	AX ADVISORS, LLC	
	<u>-</u>	Firm/Company	
	120 BROADWAY AVE S	SUITE 302	
		Address	
	KISSIMMEE , FL 34741		
		City/State and Zip Code	
	ednamendez@empirebta.co		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
EDNA MENDEZ		407 613-0850	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee, I	P1. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHS HOLDINGS, 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 10/17/2016	The wand assigned	
Florida document number L16000191765			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6735 Conroy Windermere	: Rd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 307		
	Orlando Fl 32835		
Enter new mailing address, if applicable:	6735 Conroy Windermerc	· Rd	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 307		
	Orlando Fl 32835		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
		Florida	
	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
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			□Remove
			□ Change
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an effective date is listed, the date ote: If the date inserted in thi	must be specific and cann	ot be prior to dat	of filing or more than tatutory filing requi	90 days after filing.) Pursua	ant to 605.0207 (3 of he listed as the
ocument's effective date on th			andony ming requi	rements. this dute will he	n oc nater as th

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