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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
CHO IECT. (2047)	of Goshan lasura	ace LU	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Christopher & Humph.	Name of Person	
	Grace of Goshen	Firm/Company	·
	9100 Conray h	Address Suite	200
	Wildermere, FL	3 4 786 City/State and Zip Code	
	7	City/State and Zip Code	: 153
For further information c	E-mail address: (to oncerning this matter, please ca	o be used for future annual report not	fication)
			1503
Name o	f Person	at (\$50) 519-7 Area Code Daytim	c Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ction
Division of C		Division of Con	rporations
P.O. Box 632	27	The Centre of	
Tallahassee.	FI 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grace of Goshen lasurance			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on or d Liability Company)	u <u>r records.</u>)	
The Articles of Organization for this Limited Liability Compan	ny were filed on5/25	12017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		_	.:
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	is, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			·
New Registered Office Address:	Enter Florida str	reet address	
		, Florida	Zip Code
	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 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>	Type of Action
AMBR	Christopher E Humphrey	9100 Copray Windsomera Rd	□Add
		Saite 200	ERemove
		Windermery, FL 34786	□Change
			□Add
			□Remove
			Change
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ffective date, if other than the d	ate of filing:			(optional)
a- affinition data is listed, the date owner b	he specific and cannot be n	rior to date of filing o	r more than 90 day	s after filing	 Pursuant to 605.02
Sote: If the date inserted in this bloc locument's effective date on the Dep	ik does not meet the appartment of State's reco	pticable statutory t rds.	iling requiremen	ts, uns uat	e will not be fisted
•					
record specifies a delayed effective	date, but not an effective	ve time, at 12:01 a.	m. on the earlier	of: (b) T	he 90th day after th
d is filed.					
Dated	·	·			
Christopher E	the show				