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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Cor	ection rporations		
GHG VEN	ITURES, LLC		
SUBJECT:	Name of Limited I	iability Company	
The enclosed Articles of	Amendment and fee(s) are submitte	ed for filing.	
Please return all correspo	ondence concerning this matter to the	e following:	
	David Bryan		
		Name of Person	
	GHG VENTURES, LLC		•
·		Firm/Company	
	1700 NW 2nd Street		
		Address	
	Pompano Beach, FL 33069		
	Cit	ty/State and Zip Code	
	ghgventures@gmail.com		
	E-mail address: (to be	used for future annual re	port notification)
For further information c	concerning this matter, please call:		
David Bryan		954 9803	996
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ Certificate of Status	l \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

GHG VENTURES, LLC		
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000058621</u>	ompany were filed on 03/06/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 TAL
(Principal office address MUST BE A STREET ADDRI	ESS)	MA LAR
		R 2
		SE SE
Enter new mailing address, if applicable:		로 따라
(Mailing address MAY BE A POST OFFICE BOX)		9 CS N
(maining undiress MAT BE A FOST OFFICE BOA)		ਂ ਹੈ ਨੂੰ ਜੋ
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>en</u> ess here:	ter the name of the new
Name of New Registered Agent:		
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
Secretary,	Kyra DaCosta		4391 NW 38th Terrace	■ Add
			Lauderdale Lakes, FL 33309	
				Change
				□ Add
				☐ Remove
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Fective date, if other than the done effective date is listed, the date must lote: If the date inserted in this block cument's effective date on the Department's	ck does not meet the appl:	icable statutory filing re	(optional) than 90 days after filing.) Pur quirements, this date will	suant to 605.02 not be listed
record specifies a delayed The 90th day after the reco	effective date, but nord is filed.	ot an effective time	e, at 12:01 a.m. on (the earlier
ed March 15	, 2018	·		
	Dave	d Bryan		
	Signature of a member or aut			

Page 3 of 3

Filing Fee: \$25.00