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OCT 26 2020

COVER LETTER

TO:

TO: Registration S Division of Co		4	•
G.J.H. Ca _l			•
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ethan M. Scholtz		
	•	Name of Person	
	G.J.H. Capital, LLC		
		Firm/Company	
	8853 Baypine Drive		
		Address	
	Miramar Beach, FL 32550	•	
		City/State and Zip Code	
	michelle@eaglecleaningser		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	itication)
Ethan M. Scholtz		205 365-8414	
Name	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for	the 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 Addre Registration		<u>Street Address:</u> Registration Se	etion
_	Section Corporations	Registration Se Division of Cor	
P.O. Box 63	27	The Centre of T	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

27208-13 86 1:11

G.J.H. Capital, 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 Compa	any were filed on $\frac{05/1}{2}$	0/2018	and assigned
Florida document number L18000118044	. —		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company " the de	signation "LLC" or the ab	breviation "L.C."
_	monny company, me de	Signation 1200 of the ac-	20071001711 12.12.13.
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)			
The state of the s			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ece address on our re		e of the new registered
New Registered Office Address:	g . Ri		
		da street address	
-	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age			- ,
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this c lete performance of l as provided for in C	my duties, and I am f hapter 605, F.S. Or,	amiliar with and if this document is
īro	Changing Registered Age	nt, Signature of New Reg	gistered 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

AMBR = A	authorized Member	22351 10 51	
<u>Title</u>	<u>Name</u>	21.3 S.1 18 P.1 1: Address	Type of Action
Partner	Michelle M. Scholtz	5551 Lake Trace Dr. Birmingham, AL 35244	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			☐ Change

	2523 St. 18 PM 1: 11
	
	
Effective date, if o	ther than the date of filing: (optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document's effective	e date on the Department of State's records.
e record specifies a c	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
September 1	2020
Dated	
	SI WILL
	Signature of a member or authorized representative of a member
	Signature of a member of authorized regresentative of a member
	Signature of a member or authorized representative of a member Ethan M. Sctottz Typed or printed name of signee

Filing Fee: \$25.00