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SECRETARY STATE

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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
SUBJECT:		Services LLC	
	Name of Dan	ned Barriery Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	A	my J. Galloway	
		Name of Person	
	Amy	J. Gallowry,	P. A.
1.7			
Knew addass	* 11 Sala	nic Rd	
	Address SCK Second City/State and Zip Code	 	
	Sex Rorch	Likes, n	33308
	000010011	City/State and Zip Code	······································
	F-mail address:	to be used for future annual report noti	(fication)
For further information of			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			C 11.7
HMY	TK HOWRY	$\underline{\qquad}_{ar}(\underline{939})\underline{\qquad}557$	- 5/02
Name o	of Person	Area Code Daytim	e Telephone Number
. /	he following amount:		
S25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	27	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GPH Services	, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	 ·
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000224314</u>	vere filed on Scpl. 6, 2019 an	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation	on Ed.C.
Enter new principal offices address, if applicable:		APR
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE F LOSIO	3
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	ldress on our records, <u>enter the name of th</u>	e new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City Zip (Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familia covided for in Chapter 605, F.S. Or, if this	ir with and document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = AMBR =	Manager - Authorized Member	N/A	
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
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			—————————————————————————————————————
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's rec	pplicable statutory	g or more than 90 day:	optional) cafter filing.) Pursuant s, this date will not l	to 605,0207 (be listed as tl
the record specifies a delayed effective date, but not an effect ord is filed.	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th da	y after the
Dated	020	0 1/ \		

Filing Fee: \$25.00