## L20000183983

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

GHN PROF	PRIETORS LLC				
SUBJECT.	Name of Lin	ited Liability Company	<del> </del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Patricia Nyathi				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	GHN PROPRIETORS LL	c			
		Firm/Company	<del>.</del>		
	8640 NW 47TH ST				
		Address			
	LAUDERHILL				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	patrician@ghnproprietors.c				
	E-mail address: (	to be used for future annual report not	ification)		
For further information co	oncerning this matter, please c	all:			
Patricia Nyathi		954 4397991 at ( )			
Name of Person			e Telephone Number		
Enclosed is a check for th	e 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 Address Registration S		Street Address: Registration Se	ction		
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 632 Tallahassee, F		The Centre of 7	Fallahassee e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000183983	were filed on <u>06-30-2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	10.
(Principal office address MUST BE A STREET ADDRESS)		7020
		Fig. 5 71
		13 F
Enter new mailing address, if applicable:		S P IT
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	S F D
		36
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		····
	Enter Florida street address	
	, Florida	
	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

company has been notified in writing of this change.

CHM DRODDIETORS LLC

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

Title	<u>Name</u>	Address	Type of Action
MGR	Patricia Nyathi	8640 NW 47th st	□Add
		Lauderhill, FL 33351	□Remove
	<del></del>		□Add
			□Remove
<del></del>			S Add  CLOTA D Remove
			Change Change
			☐ Change
<del>.</del>			□Add
			Remove
			Change
<del></del>		<del> </del>	□ Add
		<u> </u>	□Remove
			□Change

Effective date, if other than the date of filing:  June 30, 2020  (optional)  Fig. 1. 38  (optional)  Fig. 2. 4. 38  (optional)  Fig. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.				<del></del>			
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