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COVER LETTER

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eun ira		arlick Hill S	Springs, LLC		•		
SUBJEC	SUBJECT: Name of Limited Liability Company						
The encl	losed A	rticles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	eturn al	l correspon	dence concerning this matter	to the following:			
			C. Jason Henshaw				
				Name of Person			
				Firm/Company			
5636 Douglas Street							
Address Hollywood, FL 33021							
				City/State and Zip Code	<u>.</u>		
			ejason1975@gmail.com E-mail address:	to be used for future annual repor	t notification)		
For furth	ner info	rmation cor	ncerning this matter, please o	•	,		
C. Jason Henshaw		954 465-398 at ()					
Name of Person		Area Code Da	aytime Telephone Number				
Enclosed	l is a cl	neck for the	following amount:		2.		
■ \$25.	.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)		
	Regis Divis P.O.	ig Address: stration Se ion of Co Box 6327 hassee, FI	ection rporations	The Centre	SS: n Section Corporations of Tallahassee onroe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garlick Hill Springs, LLC	
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L20000386857	Company were filed on 12/16/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	red office address on our records, <u>enter the name of the new registers</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Florida Zip.Code
New Registered Agent's Signature, if changing Register	02
provisions of all statutes relative to the proper and accept the obligations of my position as registered a	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability.
	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>	<u>Address</u>	Type of Action
AMBR	Michael Newman	5606 Douglas Street	= Add
		Hollywood, FL	□Remove
		33021	Change
MGR	Christopher Jason Henshaw	5636 Douglas Street	
		Hollywood, FL	
		33021	
			□ Remove
			□ Change
			□∧dd
			□Remove
			Remove
			D Change
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ __ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. \triangleright Dated __ April 2nd C Henshaw
Signature of a member or authorized representative of a member C. Jason Henshaw Typed or printed name of signee