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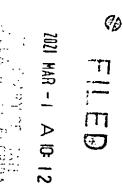
(Requestor's Name)
(Address)
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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	ulting Services, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The applicant Amiology C	` A d d ()				
	Amendment and fee(s) are sub	_			
Please return all correspo	ondence concerning this matter	to the following:			
	Gracelyn Fiona Hodge				
		Name of Person			
	a				
	GFH Consulting Services.				
		Firm/Company			
	4098 Bahia Isle Circle				
		Address			
	Wellington, FI 33449				
	Wellington, 11 33449				
	gracelyn.hodge@gmail.cor	City/State and Zip Code			
		(to be used for future annual report no	tification)		
For further information of	concerning this matter, please c	•			
Gracelyn F. Hodge		561 707-0919			
at (n4 4	ne Telephone Number		
Name o	or Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	he following amount:				
	□ \$30.00 Filing Fee &	D 655 00 122 12 15 16	7 *** *** ***		
= 525.00 ruing rec	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)		
		Street Address:			
Mailing Address: Registration Section Division of Corporations		Registration Se			
P.O. Box 632	•		Division of Corporations The Centre of Tallahassee		
Tallahassee, l			Lallanassee		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GFH Consulting Services, 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 Company were filed on February 1, 2021 ____ and assigned Florida document number L210000568181 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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 II 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>	<u>Address</u>	Type of Action
MGR	John R. Reece	4098 Bahia Isle Circle	□Add
		Wellington, Fl. 33449	■Remove
			□Change
<u>- · · · · · · · · · · · · · · · · · · ·</u>		-	□Add
			□ Remove
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record specifies a delayed effective lis filed.	date, but not an effective	time, at 12:01 a.m. of	the earlier of: (b)	The 90th degrae	fter the
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February 18	2021			ं के ते कि र् राह्य विकास	r
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	ignature of a member or auth	torized representative o	f a member	D 12	

Filing Fee: \$25.00