121000292032

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200385971652

04/20/22--01008--024 **25.00

22 APR 20 PH 1.54

T. MATTHEWS JUN - 1 2022

COVER LETTER

'. TO: Registration Section

Tallahassee, FL 32314

Division of Corporations				.,	
	JND LLC				
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	OMAR LOPEZ BEJERAN	NO			
Name of Person					
	G.C.H. FUND LLC				
	Firm/Company				
	12320 SW 249TH ST				
		Address			
	HOMESTEAD/FLORIDA	33032			
		City/State and Zip Code			
	planning@gchfund.com				
		to be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all:			
OMAR LOPEZ BEJERANO		786 7257042 at ()			
Name	of Person	at () Area Code Daytim	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose		
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION DECRETARY OF STATE OF ORYGINS OF CORPORATIONS OF

22 APR 20 PM 1:54

G.C.H. FUND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Ellinic	ted Elabrity Company)
The Articles of Organization for this Limited Liability Comparing Florida document number 1.21000292032	any were filed on JUNE 23, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	<u>iability company here</u> :
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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>	Address	Type of Action
AMBR	Eduardo Alexis Bermudez Pallares	12320 SW 249TH ST	
		HOMESTEAD, FL 33032	□Remove
			□Remove
			□Change
			🖸 Add
		 	□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change

Page 2 of 3

A Commence of the Commence of

D.	D. If amending any other information, enter change(s) here: (Attack	h additional sheets, if necessary.)
		<u> </u>
		
		
		
Е	E. Effective data if other than the data of filling.	(aug) and
E.	E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fine Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) tory filing requirements, this date will not be listed as the
If (b)	If the record specifies a delayed effective date, but not an effe (b) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
	Dated	
	Emb Jenez	
	Signature of a member or authorized repre	esentative of a member
	OMAR LOPEZ BEJERANO	
	Typed or printed name of	signee

Page 3 of 3

Filing Fee: \$25.00