## L24000114529

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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		•		COVER LETTEI	R	<u> </u>
TO:		istration Se			•	
	DIV	ision of Cor	porations			
SUBJE	CT·	GH H	s, llc			,
	•••	**.	Name of Lim	ited Liability Company		
		1. J. W. 1.	<sup>2</sup>			
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn	all correspo	ondence concerning this matter	to the following:		, ,
			MAL	URO CESAR BARTH FI	LHO	
				Name of Person		
	GH HOLSTERS, LLC					
	Firm/Company				<del>- li</del>	
	360 LOUCH COURT					
	Address				<del></del>	
	DAVENPORT, FL 34714					
				City/State and Zip Code		
			GIOVANA.REGENCYSO	• •		<u> i</u> _
For furt	her in	iformation c	oncerning this matter, please of	to be used for future annual i	report nothication)	
			- ,		n 3000	ļ
WAUF		ESAR BAR		at ()	0-2900 	
		Name o	f Person	Area Code	Daytime Teleph	one Number
Enclose	d is a	check for the	ne following amount:			
□ \$25	.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy fadditional copy is enci		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Reg Div P.O	ling Addressistration Strision of Co. Box 632	Section Corporations 27	Division The Cer 2415 N.	Idress: ntion Section n of Corporation ntre of Tallaha . Monroe Stree ssee, FL 3230	ssec   et, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	On not.	STERS, LLC	H	
(Name of the Limi	ted Liability Compa	nv as it now appears on ou Liability Company)	r records.)	<del></del>
The Articles of Organization for this Limited L			11	_ and assigned
Florida document number L24000114529				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:	li	
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designati	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applications	cable:	360 LOUCH COURT		
(Principal office address MUST BE A STREE		DAVENPORT, FL 338	337	
			<u> </u>	
Enter new mailing address, if applicable:	360 LOUCH COURT			
(Mailing address MAY BE A POST OFFICE	BOX)	DAVENPORT, FL 33	837	
	<del></del>			
			ĺ.	;
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records	s, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	17572 SAW DA			·
New Registered Office Address:			Ì	
New Kegistered Office Madiess.		Enter Florida stre	et address	
	CLERMONT		, Florida <u>3471</u>	4
		City		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 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

	g Authorized Person(s) authorized from our records:	d to manage, enter the title, name, and address of	f each person being ad
MGR = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRE LOPES	510 NE 45TH ST	□Add
		DEERFIELD BEACH, FL 33064	■Remove
			Change
MGR	RAPHAEL AUAD	2872 SANCTUARY DR	<b>=</b> Add
		CLERMONT, FL 34714	□ Remove
			Change
			□Add
			Change
			Remove
			Change
	,		
			□Remove
			Change
			□ Add
			□Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheet	ets, if necessary.)
	<u>,</u>
	<u> </u>
	:
	. 
Effective date, if other than the date of filing:	 (optional)
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9	0 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
rd is filed.	1
Dated Servit 18 3024	
Dated Wilder 10 , John 4	
// My //hus	
Signature of a member or authorized representative of a mem	ber
MAURO CESAR BARTH FILHO	ı
Typed or printed name of signee	<del></del>

## **COVER LETTER**

TO:	Registration Section of Corp			
SUBJI	ECT:			1
		Name of Lim	ited Liability Company	i
				:
The en				
Please				
		<u> </u>	Name of Person	4
			Firm/Company	
			Address	
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information co	ncerning this matter, please c	all:	
				l t
	Name of	Person	at () Area Code Daytime	Telephone Number
	Name of	reison	, acc coac	
		e following amount:		
□ \$:	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
				İ
Mailing Address:  Registration Section  Division of Corporations			Street Address:	A
			Registration Sec Division of Corp	11
	P.O. Box 6327	7	The Centre of Ta	allahassee
Tallahassee, FL 32314			2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303