

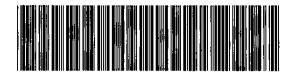
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
, (De	ocument Number)	
Certified Copies	Certificates	s of Status
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G. MCLEOD

MAY 27-2009

EXAMINER



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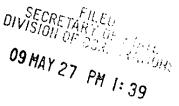
09 MAY 27 PH 1: 3

SECRETARY OF STATE
OF

COVER LETTER

		porations			
SUBIE	SUBJECT: GPT Enterprises, LLC				
SUBJE	U1		ed Liability Company		
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:		
	Pamela Toussaint Name of Person				
			PT Enterprises, LLC	_	
	Firm/Company				
			38 Edgebrook Lane Address	-	
		West F	alm Beach, Florida 33411	_	
		nte	City/State and Zip Code	•	
For furt	ner information c	E-mail address: (i	bu_2000@yahoo.com be used for future annual report notification)		
1 OI TUTU		nela Toussaint			
		f Person	at (561) 798-5576 Area Code & Daytime Telephone Number	<u> </u>	
Enclose	d is a check for t	he following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	•	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GPT Enterprises, LLC		
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	May 29, 2003	and assigned
Florida document numberL03000019398		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the words "Limited Liability Com"L.L.C."	pany," the designation "LL	C" or the abbreviation
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 registered agent and/or the new registered office address here:	our records, <u>enter the</u>	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
City	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Tamara Y. Toussaint		Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
-			
- Dated	May 23 .2	2009	_ _
Dated	Gamela 1	mber or authorized representative of a member	
	T	yped or printed name of signee	

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Filing Fee: \$25.00