L05000036373

(Requ	estor's Name)			
(Addr	ess)	· · · · · · · · · · · · · · · · · · ·		
(Addr	ess)			
(City/	State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Fi	ling Officer:	•		
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Office Use Only

FF #25



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SECRETARY OF STATE
SOLVISION OF CORPORATION

A. Resident JUL 21 Mars



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2008

GTM, LLC 7125 EAGLE TERRACE WEST PALM BEACH, FL 33412

SUBJECT: GTM, LLC

Ref. Number: L05000036373

We have received your document for GTM, LLC and your check(s) totaling \$382.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

- In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.
- ✓ The total amount due is \$446.25.
- √There is a balance due of \$63.75.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock

Registration/Qualification Section
Division of Corporations Letter Number: 808A00038538

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COVER LETTER

TO: Registration Section							
SUBJECT: 6TM 1 LLC (Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Clasks Musico (Name of Person)							
GTM 1 LLC (Firm/Company)							
7125 Fagle Torrace							
West Palm Board A 35412 (City/State and Zip Code)							
For further information concerning this matter, please call:							
(Name of Person) at 347-4131966 (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
□\$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)							

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 Florida document number 10.500036373 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 end with 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)

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.

(City)

(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	I = Managing Member			
<u>Title</u>	<u>Name</u>	NH	Address	Type of Action
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D. Ifar	mending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)	Remove
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Page 2 of 2

Filing Fee: \$25.00