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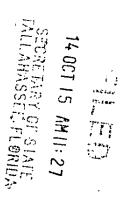
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

GTS VENTURES 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:

JOHN Q. ADAMS, II

Name of Person

ADAMS & COMPANY, P.A.

Firm/Company

910 SW 1ST AVENUE, SUITE 201

Address

**OCALA, FL 34471** 

City/State and Zip Code

JOHN@ADAMSCOMPANYPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**AMY PLANT** 

237-3200

Name of Person

Area Code

Daytime 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) □ \$60.00 Filing Fee, Certificate of Status & 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

GTS VENTURES LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L09000070431  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability	were filed on <u>07/22/2009</u>	and assigned
The new name must be distinguishable and end with the words "Limited Liabi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 1269 GOTHA, FL 34734	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		the name of the new
New Registered Office Address:	Enter Florida street address	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
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the date this document is filed by the Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

SECRESARY OF STATE