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(City/State/Zip/Phone #)

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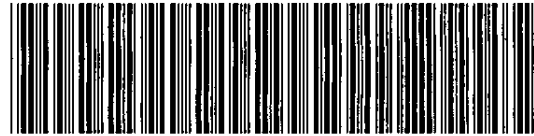
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP 25 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GT FIFTY INVESTMENT,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:

LAZARO GOMEZ

Name of Person

GT FIFTY INVESTMENT,LLC

Firm/Company

360 SW 87 PATH

Address

MIAMI,FL 33174

City/State and Zip Code

ACCOUNTAXSERV@ATT.NET

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

For further information concerning this matter, please call:

LAZARO GOMEZ

Name of Person

at (786)

978-5217

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 24 AM 10:09

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GT FIFTY INVESTMENT,LLC

(Name of the Limited 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 9/15/2009 and assigned
Florida document number L09000089178.

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)

360 SW 87 PATH

MIAMI,FL 33174

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

360 SW 87 PATH

MIAMI,FL 33174

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:

LAZARO GOMEZ

New Registered Office Address:

360 SW 87 PATH

Enter Florida street address

MIAMI

, Florida

33174

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 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:

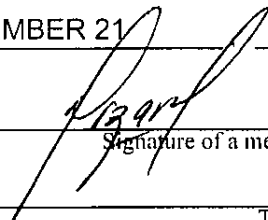
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAMON TIA	10510 SW 47 STREET MIAMI, FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LAZARO GOMEZ	10510 SW 47 STREET MIAMI, FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LAZARO GOMEZ	360 SW 87 PATH MIAMI, FL 33174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RAMON TIA	10510 SW 47 STREET MIAMI, FL 33165	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 21 2009



Signature of a member or authorized representative of a member

LAZARO GOMEZ

Typed or printed name of signee