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	ision of Corp					
SUBJECT:	GTP HOME					
JOBSECT.		Name of Limit	ted Liability Company		- ,	
The enclosed	d Articles of A	Amendment and fee(s) are sub n	nitted for filing.			
Please return	all correspor	ndence concerning this matter to	o the following:			
		JASMINE RODRIGUEZ				
		<del></del>	Name of Person			
		BEST QUICK TAX RETU	IRNS INC			
			Firm/Company			
		320 S BUMBY AVE STE	10			
			Address			
		ORLANDO FL 32803				
			City/State and Zip C	lode	<del></del>	
		E-mail address: (!	lo be used for litture សា	muai report notific	ation)	
For further i	nformation ec	oncerning this matter, please ca	dl: .			
JASMINE!	RODRIGUEZ	<u>.</u>	-107 at (			
	Name of	l'Person	Area Code	Daytime"	Telephone Namber	
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Certified Cop (add.tional copy	ру	□ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is ence	
·	Registr Divisio P.O. Bo	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Reg Divi Clif 266	REET/COURIE jistration Section ision of Corporation Building of Executive Cen labassee, FL 323	tions	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GTP HOMES 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 04/04/2011 and assigned Florida document number \_\_\_\_\_L11000040322 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 adåress \_, Florida \_ City 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 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Address** Type of Action Name JOSEPH RODRIGUEZ MGR 1100 NORTH STREET LONGWOOD FL 32750 Rémove \_□ Change 1100 NORTH STREET MARK RODRIGUEZ MGR \_**⊠** ∧d₫ LONGWOOD FL 32750 🖸 Remove ☐ Change PETER RODRIGUEZ 1100 NORTH STREET MGR ₩ Add LONGWOOD FL 32750 ☐ Remove Change DbA 🗈 ☐ Remove ☐ Change . □ Vq∰ Chang ☐ Remove ☐ Change

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record specifies a delayed e		t an effective time, a	t 12:01 a.m. on t	he earli <mark>e</mark> r of
The 90th day after the recor	d is filed.			
OCTOBER 31	2017			
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