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## **COVER LETTER**

TO:

TO: Registration S Division of Co				
GTMC, LI	LC			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tyler Willison			
	<del></del>	Name of Person		
	GTMC, LLC			
	-	Firm/Company		
	18167 US Highway 19N. Suite 600			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Clearwater, Fl. 33764			
	-	City/State and Zip Code	<del></del>	
	legal@chargebacks911.com	n		
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	concerning this matter, please c	all:		
Tyler Willison		877 634-9808		
Name of Person		at () Area Code Daytin	Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GTMC, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{-111000093972}{}$ .	were filed on August 16, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		24
Principal office address MUST BE A STREET ADDRESS)		
		12
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
MILLING AUGUSS MAT BE A FOST OFFICE BOX	· · · ·	<del></del>
		·
B. If amending the registered agent and/or registered office igent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	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 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 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>	<u>Name</u>	Address	Type of Action
MGRM	Monica Eaton	611 S. Ft. Harrison	
		#231	Remove
		Clearwater, FL 33756	<b>-</b>
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Add
			□Remove
		<del>_</del>	□ Add
			□Remove
			□Change

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Note: If the date inserted in the	the date of filing:  e must be specific and cannot be prior his block does not meet the applic he Department of State's records.	able statutory filing requiremen	(optional) s after filing.) Pursuant to 605.0207 ts, this date will not be listed as
ne record specifies a delayed efford is filed.	ective date, but not an effective ti	ime, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated June 14	2024		
Lulla -	1112		
- yyr	Signature of a member or auth-	orized representative of a member	
Tyler Willison			
	Tonod or aring	ed name of signee	

Filing Fee: \$25.00