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2011 OCT 25 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
OCT 26 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GTA GLOBAL 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:

SHCHETNIKOV, ALEXEY

Name of Person

GTA GLOBAL LLC

Firm/Company

12990 NW 42ND AVE ATE 124

Address

OPA LOCKA, FL 33054

City/State and Zip Code

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

For further information concerning this matter, please call:

SHCHETNIKOV, ALEXEY

Name of Person

at (305) 323-0188

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

GTA GLOBAL 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 08/16/2011 and assigned
Florida document number L11000094191.

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)

12990 NW 42 AVE STE 124

OPA LOCKA FL 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

SHCHETNIKOV, ALEXEY

New Registered Office Address:

12990 NW 42 AVE STE 124

Enter Florida street address

OPA LOCKA

City

, Florida

33054

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>
MGRM	SHCHETNIKOV, ANATOLY	12990 NW 92 AVE #124 OPA LOCA FL 33054	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHCHETNIKOV, ALEXEY	12990 NW 92 AVE #124 OPA LOCA FL 33054	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	REALTY GROUP CONSTRUCTION LLC	3363 NE 163 STREET STE 708 N MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GERMAN, RAUSH	12990 NW 42 AVE #124 OPA LOCKA, FL 33054	<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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated 10/19/2011, [Signature]

Signature of a member or authorized representative of a member

Typed or printed name of signer