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> J. SAULSBERRY EXAMINER OCT **29** 2012

COVER LETTER

TO: Registration Section Division of Corpo	
SUBJECT:	CTPS (115hal Suppliers LLC Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Marta Lycero Pardo Name of Person
,P\$	GPS Global Suppliers LLC Firm/Company
	Doral FL 33178 City/State and Zip Code Custo Mer Service a napill mart design - com E-mail address: (to be used for future annual report notification) cerning this matter, please call: atagemo at Plan 7186863 Area Code & Daytime Telephone Number
	Doral FL 33178 City/State and Zip Code Custo Mer Service @ papillin art design - com 3
	E-mail address: (to be used for future annual report notification)
For further information con	E-mail address: (to be used for future affinual report notification) cerning this matter, please call:
Karla W Name of P	erson at (794) 7186863 5 6 8 Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Li	Sup ability Compan orida Limited Li	vas it now appo	ears on	our records.)		-	
The Articles of Organization for this Limited Liab	ility Company v			<u>y 17, 20</u>	<u>012</u> and	assigne	:d
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the N/A							
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	ed Liability Com	npany,"	the designation	"LLC" or th	ne abbre	viation
Enter new principal offices address, if applicab	le:	10730	Nh	1665t	# 50B		
(Principal office address MUST BE A STREET)	ADDRESS)	Doral	FC	33178		3777	
Enter new mailing address, if applicable:	NA	same	ąs	above	AHASSA FI	CT 25 PF	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				0.4	* 30	<u>,,,,</u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered off e address here	ice address or	our (records, <u>ente</u>	r the name	e of th	e new
Name of New Registered Agent:	N/A-						
New Registered Office Address:							
			Enter F	lorida street d	address		
		- CL		, Florida			
		City			Zip C	ode	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Karla Natareno MGRM Add Remove Beatriz A. Villegas MGRM ☐ Add ☐ Remove ☐ Add Remove Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October Signature of a member or authorized representative of a member Lucco Pardo
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00