L/2000148089

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COVER LETTER

	gistration Sec vision of Corp		•	
eud lezer.		AIL GTB, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		ANDREW J HUPP		
			Name of Person	
		HUPP RETAIL GTB. LLC		
			Firm/Company	
		907 S FT HARRISON AV	E, SUITE 102	
			Address	
		CLEARWATER, FLORID	OA 33756	
			City/State and Zip Code	
		SSUCEVIC@EPICDEVCC	D.COM to be used for future annual repor	notification)
For further	information co	oncerning this matter, please ca		,
SUE SUCE	EVIC		727 210-190	
	Name of	Person	Area Code Dr	sytime Telephone Number
Enclosed is	a check for th	e 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

FILED
2017 DEC -7 PAIZ: 33

SECRETARY OF STATE

DEC. FLORIDA

HUPP RETAIL GTB, 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 Liab	ibility Company were filed on Nov	rember 26, 2012	and assigned
Florida document number L12000148089	,	•	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the de-	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	"ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	da street address	
		Florida	
	,		Zip Code
New Registered Agent's Signature, if changing Re-	egistered Agent:		ree to comply with the

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
Mgr	Andrew J. Hupp	907 S Ft. Harrison Ave #102	
		Clearwater, Florida 33756	■ Remove
			Change
Mgr	Hupp Holdings, LLC	907 S Ft. Harrison Ave #102	■ Add
		Clearwater, Florida 33756	Remove
			☐ Change
			SECREIARY OF INLLAHASSEE.
			1 E D
			Change
			□ Add
			□ Remove
			☐ Change
			Remove
			□ Change

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	1/1/2017
iffecti	ve date, if other than the date of filing: 1/1/2017 (optional)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
юсит	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
You d	November 29 2017
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00