L/3000/65080

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	

Office Use Only



000295291040

02/13/17--01023--002

SHORE JAN (= 0000 MAY NOTE OF COMPANY NOTE OF

J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ЕСТ:	STTH (NVES	THENT LLC ited Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ALFON	SO GARCIA	·
			Name of Person	
			Firm/Company	
		2257 CI	MARRON TERRA	r CE
		PALM HARE	30R FL. 34683	
		Poncehdy E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
	AUFONSO G	ARCIA	at (727) 510 Area Code Daytime	7944
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		
□ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	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

GTTI	H (N	UESTME	VT	LIC		
(Name of the Limited (A	Liability Com Florida Limite	pany as it now a Liability Comp	ppears on (any)	our records.)	_	
The Articles of Organization for this Limited Liab		y were filed o	n <u> </u>	5/01/2011	and assi	gned
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited lia	bility compar	ny here:			
The new name must be distinguishable and contain the work	ds "Limited Lia	oility Company,"	the designa	ation "LLC" or the a	bbreviation "L.L	.C."
Enter new principal offices address, if applicab	le:			·· <u>·</u> ·····		
(Principal office address MUST BE A STREET	ADDRESS)					7 17 - 7 17 - 2 10
		•			<u> </u>	- 25
					ω τ	
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·		유	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>					<u> 33</u>
						* :
B. If amending the registered agent and/or registered agent and/or the new registered office	e address be	ere:				f the new
Name of New Registered Agent:		10428	<u>G</u> FII	RCIA TERRACI		
New Registered Office Address:	225	7 C(hA Ente	RON r Florida st	TERNA CI	<u> </u>	
	PALM	HARBUR		Florida	346 3	•
	<u> </u>	City		, Florida	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

Page 1 of 3

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 Title **Name Address Type of Action** SHELLA GARCIA 2257 CINAMON TERMACE □ Add PAUM HARBON, FL 34683 Remove ☐ Change ALFUNSO GARCIA MGR 2257 CIMARADON TOKALE □ Add PALM HARBOR, FL. 34683 ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Thange ☐ Remove

☐ Change

I	ALFONSO	GARCIA	ACCEPT	TUE	APPOI	JIMEN"
As	MANAG	ER AND	ACCEPT 15 FAMI	UAR	WITH	TUF
			PUSTION.			
				· · · · · · · · · · · · · · · · · · ·		
						······································
<u> </u>	0 7-400A-10-7-410-7-4 b-1					
						
n effective date is li te: If the date in cument's effective record specifi	serted in this block d e date on the Depart	pecific and cannot be oes not meet the a ment of State's rec ective date, bu	prior to date of filing of pplicable statutory fi cords.	ling requireme	ents, this date w	ill not be liste
ted <u>FEBPA</u>		20	ワ			
red 1 CUATA	· · · · · · · · · · · · · · · · · · ·	25				
	Signa	ature of a member or	authorized representat	ve of a membe	<u></u>	17 FI
		Auton		Α		
		1 yped or	printed name of signee			9 PH
		1	Page 3 of 3			ယ္

Filing Fee: \$25.00