

L13000165080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

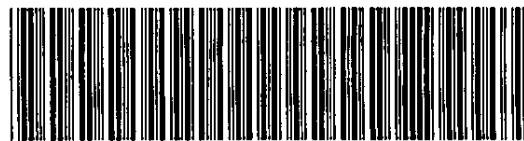
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
17 FEB 13 PM 3:16
CORPORATION

FEB 16 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GTTH INVESTMENT 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:

ALFONSO GARCIA
Name of Person

Firm/Company

2257 CIMARRON TERRACE
Address

PALM HARBOR FL. 34683
City/State and Zip Code

poncehdrn@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFONSO GARCIA at (727) 510-7944
Name of Person Area Code Daytime Telephone Number

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHEILA GARCIA	2257 CIMARRON TERRACE	<input type="checkbox"/> Add
		PAWM HARBOR, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALFONSO GARCIA	2257 CIMARRON TERRACE	<input checked="" type="checkbox"/> Add
		PAWM HARBOR, FL. 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I, ALFONSO GARCIA ACCEPT THE APPOINTMENT
AS MANAGER AND IS FAMILIAR WITH THE
OBLIGATIONS OF THE POSITION.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 9, 2017.

Signature of a member or authorized representative of a member

ALFONSO GARCIA

Typed or printed name of signee