

L14000037326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

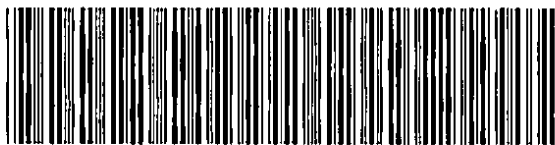
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 08 2017

COVER LETTER

O: **Registration Section**
Division of Corporations

SUBJECT: GTC PARTNERS 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:

TIMOTHY P. SPARKS

Name of Person

VIERA WILLIAMS, P.A.

Firm/Company

701 E. TENNESSEE STREET

Address

TALLAHASSEE, FLORIDA 32308

City/State and Zip Code

RWILLIAMS@VIERAWILLIAMS.COM

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

For further information concerning this matter, please call:

TIM SPARKS

at (850) 222-0013

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

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Page 1 of 3

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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ALL AMSTERDAM

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c) The 90th day after the record is filed.

Dated 8/2/17

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee