

L14 0000 38017

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

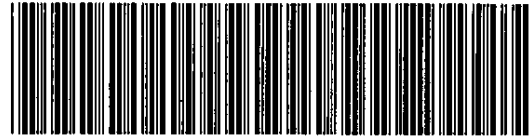
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL - 7 PM 12:01

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GWT HOLDINGS, 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:

JORGE M. GONGORA

Name of Person

GONGORA PARALEGAL & CONSULTING GROUP, LLC

Firm/Company

5805 HONEYSUCKLE DR

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

gwtllc@comcast.net

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

For further information concerning this matter, please call:

JORGE GONGORA

Name of Person

at ( 305 ) 878-9340

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**GWT HOLDINGS, 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 Liability Company were filed on 03/06/2014 and assigned  
Florida document number L14000038017.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**GP TRUST CREDIT, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: GONGORA PARALEGAL & CONSULTING GROUP, LLC

New Registered Office Address: 5805 HONEYSUCKLE DR.  
Enter Florida street address

WEST PALM BEACH, Florida 33415  
City 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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>MGR</u>	<u>GONGORA, LETICIA</u>	<u>1263 W 38 TH PL</u>	<input type="checkbox"/> Add
		<u>HIALEAH, FL 33012</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>GONGORA, JORGE</u>	<u>1263 W 38TH PL</u>	<input type="checkbox"/> Add
		<u>HIALEAH, FL 33012</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>GONGORA, JORGE M.</u>	<u>2075 NE 164 ST APT 807</u>	<input checked="" type="checkbox"/> Add
		<u>NORTH MIAMI BEACH, FL 33162</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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*[Handwritten signature]*

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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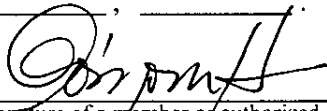
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 04, 2014



Signature of a member or authorized representative of a member

JORGE M. GONGORA

Typed or printed name of signee

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Filing Fee: \$25.00

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