

14000062886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

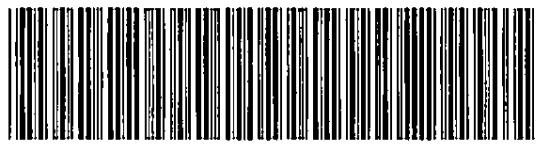
(Business Entity Name)

(Document Number)

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J. LEGGETT
MAR 15 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GT USA, 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:

Edwin C. Lunsford, Esq.

Name of Person

Eavenson, Fraser, Lunsford & Ivan

Firm/Company

2000 PGA Blvd., Suite 3200A

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

ed@efli.law

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

For further information concerning this matter, please call:

Ed Lunsford

561 626-1011
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GT USA, 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 April 6, 2014 and assigned Florida document number L14000062886.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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

When 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/DII	Stephen Richard Ogden	445 Challenger Road	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Cape Canaveral, FL 32920	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

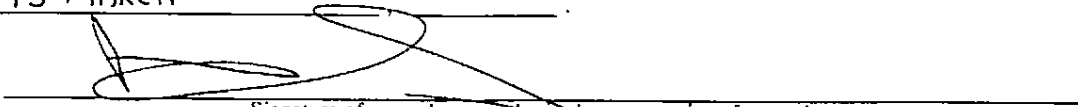
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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SECRETARY OF STATE

E. Effective date, if other than the date of filing: February 9, 2018 (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 13 MARCH 2018

Signature of a member or authorized representative of a member
Peter Richards, Manager
Typed or printed name of signee

THIRD AMENDED AND RESTATED
ARTICLES OF ORGANIZATION OF GT USA, LLC

ARTICLE I

The name of the Limited Liability Company is: GT USA, LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

445 Challenger Road
Suite 201
Cape Canaveral, FL 32920

The mailing address of the Limited Liability Company is:

445 Challenger Road
Suite 201
Cape Canaveral, FL 32920.

ARTICLE III

The name and Florida street address of the registered agent is:

PETER A. RICHARDS
445 CHALLENGER RD.
SUITE 201
CAPE CANAVERAL, FL 32920

Having been named as registered agent and to accept service of process for the above limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PETER RICHARDS

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STATE OF FLORIDA
SECRETARY OF STATE

ARTICLE IV

The name and address of person(s) authorized to manage and control the Limited Liability Company:

Title: Manager, Chief Executive Officer and Director
Peter A. Richards
445 Challenger Road
Suite 201
Cape Canaveral, FL 32920

Title: Manager and Director
Ramesh Sivakumaran
445 Challenger Road
Suite 201
Cape Canaveral, FL 32920

ARTICLE V

The effective date for these Second Amended and Restated Articles of Organization shall be the 9th day of February, 2018.

Signature of member or an authorized representative

Electronic Signature: EDWIN LUNSFORD

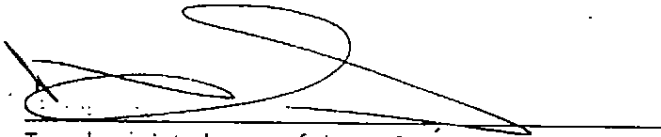
I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

ARTICLE VI

Other Provisions, if any: NONE

Required signature of member or an authorized representative:

Signature of a member or an authorized representative of a member. (in accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



Typed or printed name of signer: Peter Richards

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STATE OF FLORIDA