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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JAN 1 4 2015 J. HARRIS

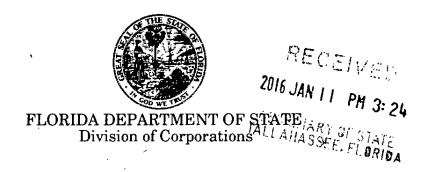
## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	GTW ENTE	EPRISES LLC.	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	·
	Gá	DEGE WEIMANN	)
		Name of Person	
		Firm/Company	
	5812 5W	> 119 Ave	
		Address	
	Cooper City	Address  Address  Address  Address  City/State and Zip Code  Company C	<del></del>
	georgew14	18@ gmaje, com	
	E-mail address: (1	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Name	of Person	at ( <u>954)</u> <u>383–86</u> Area Code Daytim	640 e 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



December 11, 2015

GEORGE WEIMANN 5812 SW 119 AVE COOPER CITY, FL 33330

SUBJECT: GTW ENTERPRISES LLC

Ref. Number: L14000144261

We have received your document for GTW ENTERPRISES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Page 2 and 3 are missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 015A00026034

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	RPRISES LL ability Company as it now ap orida Limited Liability Compa	pears on our records.)		-
The Articles of Organization for this Limited Liabili Florida document number <u>L 140001443</u>	ty Company were filed or	4 1	14 and	assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability compan	<u>y here</u> :		
GEORGE WEIMI	WW LLC			
The new name must be distinguishable and contain the words		the designation "LLC" o	or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A)	DDRESS)			CO 164141
Enter new mailing address, if applicable:			7	The second is
(Mailing address MAY BE A POST OFFICE BOX	0		#160 	3. 3e .
			<u>58</u>	<del>E</del>
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records,	enter the nam	<u>ie of the new</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter	Florida street address		
_		, Flori		<u> </u>
	City		Zip Co	ae

## 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 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 Type of Action Title Name Address \_□ Add \_□ Remove \_□ Change \_ 🗆 Add \_□ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove Remove .... ☐ Change ☐ Add □ Remove

☐ Change

Effective date, if other than the date of filing:  If an 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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date and the date of the partment of State's records.  Signifure of a member or authorized representative of a member of the earlier of the state of the partment of the earlier of the earlier of the partment of the earlier of	ar amend	ing any other information, enter change(s) here: (Attach additional shee	eis, if necessary.)
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Filing Fee: \$25.00