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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
~ PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

O: Registration Section Division of Corporations
UBJECT: GPT Coosolting (LC Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
David Tracoso Name of Person
GRT Consulting CCC
10030 5W 84 Street
City/State and Zip Code Drs+apraiser about 1504h. net E-mil address: (to be used for future annual report notification)
or further information concerning this matter, please call:
David Troncoso at (786) 486 - 4445 Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, 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

(Name of the Limited L	∞ 1+	ing LLC	in minords)		
(Name of the Limited L. (A F	lorida Limited Lia	oility Company)	<u>ur records.</u>)		
The Articles of Organization for this Limited Liabil	ity Company w	ere filed on _ O	13/2015	and ass	signed
Florida document number <u>L150002031</u>		}	ı		
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liabili	y company here:			
200				1 2 2 34	1 43 %
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	tron "LLC" or the ab	breviation "L	.IC."
Enter new principal offices address, if applicable	:: .			<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)			<u> </u>	<u> 222</u>
				28	
Enter new mailing address, if applicable:				AH II:	
(Mailing address MAY BE A POST OFFICE BOX	· (Y)			24	- = -
	-				-
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our	records, enter	the name	of the new
Name of New Registered Agent:				<u> </u>	
New Registered Office Address:	10030	Enter Florida sti	street veet address	-	
	Mian	City	Florida	331) Zip Code	პ
New Registered Agent's Signature, if changing Regis	stered 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGB	Valquiria M Calvario	10030 5W 84 5Kee+	
	'	10030 5W 84 5Kee+ Miami, FL 33173	Remove
			☐ Change
			
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		7.55 7.459 -
		-
		_
Effective date, if other than the date of filing:		
he record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	m. on the earli	ier of:
Dated <u>Sept. 27</u> . <u>2018</u> .		
Signature of a member or authorized representative of a member		
David Tocoo Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00