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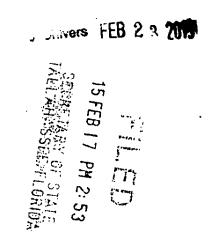
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
		GT CAPITAL	MANAGEMENT LLC	
SUBJ	ЕСТ:	Name of Limi	ited Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		George G. Pappas		
			Name of Person	<del></del>
		George G. Pappas F	PA	
			Firm/Company	
		1822 N Belcher Roa	d - Suite 200	
			Address	
		Clearwater, Florida 3	33765	
			City/State and Zip Code	
		George@pappaspa.c	com o be used for future annual report notifica	
		·	•	ation)
For fu	rther information co	oncerning this matter, please ca	itl:	
Geo	rge G. Pappas		at () 447-4999 Area Code Daytime T	
	Name of	Person	Area Code Daytime T	elephone Number
Enclo	sed is a check for th	e following amount:		
<b>■</b> \$2	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

<del>-</del>	CAPITAL MANGEMENT LLC	
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	Tronda dimited diability company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 2/10/15	and assigned
Florida document number 700269367927		
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
GT CAPITAL MANAGEMENT LLC		
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)		
(Francipal Office address MOST BE A STREET A	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	0 <i>X</i> )	
B. If amending the registered agent and/or	registered office address on our records, ento	er the name of the ne
registered agent and/or the new registered offic		•,
Name of New Registered Agent:		5 T
		<b>夏</b>
New Registered Office Address:	Enter Florida street address	
	Emer vioriaa sireei aaaress	
-	, Florida _	
	City	Zip Con
New Registered Agent's Signature, if changing Reg	istered Agent:	6 S

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Add
			Remove
	<del></del>		Add
	•		□ Remove
		***************************************	Add
			□ Remove
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			□ Remove
			☐ Remove

If amending any other info	mation, enter change(s) here: (Attach additional sheets, if necessary.,
•	
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**************************************	,
Effective date, if other than (The effective date must be specific, the date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
Dated FEBRUARY 11	2015
Dated	13/17
	Signature of a member or authorized representative of a member
	George G. Pappas
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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