

416000088771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

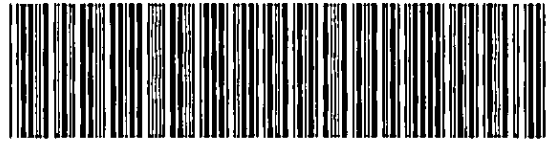
(Business Entity Name)

(Document Number)

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STATE ARIZONA  
TALLAHASSEE  
18 JAN - 2 AM 4:42

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLTR, 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:

Troy Sage

Name of Person

GLTR, LLC

Firm/Company

37134 US Hwy 19 N

Address

Palm Harbor, FL 34684

City/State and Zip Code

allproautocenter@outlook.com

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

For further information concerning this matter, please call:

Gary Pollard

941

209 9268

Name of Person

at ( )

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

## GLTR, LLC

Page 1 of 3

If amehding 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	Jenna Sage	37134 US HWY 19 N	<input type="checkbox"/> Add
		Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jenna Sage	37134 US Hwy 19N	<input type="checkbox"/> Add
		Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Troy Sage	37134 US Hwt 19 N	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Troy Sage	37134 US Hwy 19 N	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

To properly reflect ownership which is owned 100% by Troy Sage

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-11-2010 BY 60322  
UCBAW/BJA

18 JAN - 2 AM 4:42

**E. Effective date, if other than the date of filing:** 10/28/2017 (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.

(b) The 90th day after the record is filed.

Dated December 27 2017

Signature of a member or authorized representative of a member

Jenna Sage

Typed or printed name of signee