## L16000 126805

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## COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations		í		
SUBJECT:	STTF Hold Name of Lim	INQ LLC nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kons+a	antinos Tzara Name of Person	<u> </u>		
	GTTF	Holding LL Firm/Company	- C		
	4334	Harborpointe.	Dr.	ı	
	Port	Richey FL City/State and Zip Code Smant@ama to be used for future annual coort noti	_ 34668	22 SEP 15 PM 2: 23	
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For further information c	oncerning this matter, please ca	all:		2: 2:	
Dialekti Name o	Tzaras Person	at (516) 301 Area Code Daytim	- 7/19 c Telephone Number	ω	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\times \text{Certified Copy} \\ (additional copy is enclosed)\$\$\$ \$60.00 Filing Fee, \text{Certified of Status & Certified Copy} \\ (additional copy is enclosed)\$\$\$ \$crtified Copy \\ (additional copy is enclosed)\$\$\$					
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction		
Division of C		Division of Cor			
P.O. Box 632		The Centre of T	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GTTF HOLDING	
(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 16000 126805</u> .  This amendment is submitted to amend the following:	Reinstated Last Event Date Filed 03/13/2018
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	<b>7</b>
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 ad	Idress on our records enter the name of the new registered
agent and/or the new registered office address here:	
New Registered Office Address: 433	y Harborpointe Dr.  Enter Florida street address  The Richey Florida 34668  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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00