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(Re	questor's Name)	
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COVER LETTER

TO: Registration S Division of Co		•	
GTG Hom	nes. LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Theresa Dick		
		Name of Person	
	GTG Homes, LLC		
		Firm/Company	
	1702 W. Fig Street		
		Address	
	Tampa, Florida 33606		
		City/State and Zip Code	
	gtghomesfl@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Theresa Dick		813 331-9652 at ()	
Name	of Person	Area Code Daytimo	: 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:

TO:

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

GTG Homes, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/18/2016	and assigned
Florida document number L16000212416		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	<u></u>
		18 V S S S S S S S S S S S S S S S S S S
		9 92
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1000 A
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B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rzuer rioriau sireel adaress	
	, Florida	Zip Code
	Cny	гір Соше

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>	Name	<u>Address</u>	Type of Action
AMBR	Kenneth Dick	1702 W. Fig Street	D 444
		Tampa, Florida 33606	□ Add
			Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
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n effective date is lis te: If the date ins	ther than the date sted, the date must be serted in this block of date on the Depart	specific and cannot be does not meet the	applicable stat	filing or more the	(option and selection (option for the contraction of the contraction o	filing.) Pursuant to	605.020 listed a
cument's effective		ective date, b	ut not an ef	fective time	e, at 12:01 a	.m. on the ea	arlier o
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record specific	after the record	2018	 /w				
record specific The 90th day a	r		or authorized rep	resentative of a	member		-

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Filing Fee: \$25.00