117000192587

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COVER LETTER

TO:	Registration Se Division of Cor			
CUD	928GT, LL	С		
SUB	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Jeannine M Roberts		
			Name of Person	
		928GT, LLC		
			Firm/Company	
9522 Chris Street				
			Address	
		Hudson, FL 34669		
			City/State and Zip Code	
		droidjr@gmail.com		
			to be used for future annual report notifi	cation)
For li	urther information co	oncerning this matter, please co	all:	
Jean	nine M Roberts		727 869-2528	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
≡ S	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

ARTICLES OF ORGANIZATION

i	ORGANIZATION	2017 SEP 25 PM 2: 54
	OF	201-
		201/SEP 25 25
928GT, LLC	·	
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our r I Liability Company)	ecords) (AHASSEE FELA)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L17000192587		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
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 address on our rec	cords, enter the name of the no
registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddraes
	imer Fibrua Milei a	
	City	_, Florida = Zip Code
	,	Light Court

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

Title	<u>Name</u>	Address	Type of Action
MGR	David L Roberts	9522 Chris Street	
		Hudson, FL 34669	Remove
	1		
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			□ Remove
	·		
			Add of
			□ Remove
			Change
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	•		Change
		-	□ Add
			□ Remove
	1		Change
			Add
			Remove
			☐ Change

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Effective date, if other than the date of an effective date is fisted, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ok does not meet the applicable statutory filing requirements, this date will not be listed a
ne record specifies a delayed on The 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier or is filed.
Dated September 15	2017

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Typed or printed name of signec

Filing Fee: \$25.00