

LI8000013606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

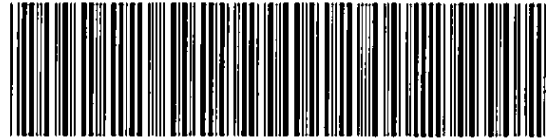
(Business Entity Name)

(Document Number)

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2020 JAN -3 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FL

C SIMMONS

FEB 27 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GDT, 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:

BARBARA FERNANDEZ
Name of Person
TAX AND TRUCK ZONE LLC
Firm/Company
2 W MONUMENT AVE SUITE 203
Address
KISSIMMEE, FL 34741
City/State and Zip Code
TTZS.CS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA FERNANDEZ 407 201-3971
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GDT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 16, 2018 and assigned
Florida document number L18000013606.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

6213 BENT PINE DR APT 112A

ORLANDO, FL 32822

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 452045

KISSIMMEE, FL 34745

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DANIEL CALDERON CARLO

New Registered Office Address:

6213 BENT PINE DR APT 112AC

Enter Florida street address

ORLANDO

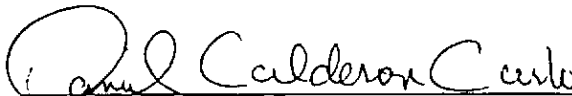
City

Florida 32822

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIEL A CALDERON MATOS	1961 ESTANCIA CIRCLE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL CALDERON CARLO	PO BOX 452045	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34745	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL A CALDERON MATOS	1961 ESTANCIA CIRCLE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Change

2020 JAN -3 PM 5:14
STORTELLO, ALFONSO
TALLAHASSEE, FL

2020 JAN -3 PM 5:14
ST. ORLANDO, FL
ITALIA, SEE, FL.

10

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 28 2020

Quil Calderon Carlo

Signature of a member or authorized representative of a member

DANIEL CALDERON CARLO

Typed or printed name of signee

Filing Fee: \$25.00