LIECOCI 8 478

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

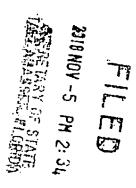
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GT Consulting Partners LLC Name of Limited Gobility Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Tamara Lee
GT Consulting Partners LLC
2600 Harden Blud # 215.
Lakeland, FL 33803 City/State and Zip Code
E-mail address: (to be used for future luminal report notification) For further information concerning this matter, please call: Tarvava Lee. Name of Person Area Code Daytime Telephone Number
For further information concerning this matter, please call:
Torrowal Lee. at (407) 595-9185 55 22 Name of Person Area Code Daytime Telephone Number 55 22
Enclosed is a check for the following amount:
S25.00 Filing Fee Scritificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Scritificate 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 TO ARTICLES OF ORGANIZATION OF

GT Consulting F	Partners LLC	
(Name of the Limited Liability Compar (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800018478</u> .	were filed on <u>Jan 22,2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2600 Harden B Lakeland, PL =	lud#215 33803
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po. Box 32° Lakeland, FL) 33000-377
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		histianne of the new 2:
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Ziv Code
	1 111	$xyr \in Ouc$

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	
MGR	George Anthony Whit	elGeorge Anthony Whit 21000 Harden Bludtl Lakeland, FL 3380	e) add	
		2600 Harden Bludt	Remove	
		Lakeland, FL 3380	3_ Change	
			Remove	
			Change	
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			E Susse	
<u>-</u>				
			Remove	
			Change	
			□ Remove	

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	hanging mailing addresses as
	hanging mailing addresses as Shownon previous page.
-	Removing: George Anthony White
 	Kemowing: George Harthony White
	Lakeland, RL 33803
	
-	251 25
	<u>・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・</u>
(If an effective danse) Note: If the d	e, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	
	Namara leo. C.
	Signature of a member or authorized representative of a member
	Tamara E. Lee Typed or printed name of signee
-	Typed or printed name of signee

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Filing Fee: \$25.00