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COVER LETTER

Division of Co			
GTDS Hol	ldings, LLC		
SUBJECT:	Name of Lir	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Joseph Pfeffer		
·		Name of Person	
	GTDS Holdings, LLC		
		Fimi/Company	
	440 NE 4th Avenue Suite	301	
		Address	
	Ft. Lauderdale, FL 33301		
		City/State and Zip Code	
	joseph@rtrwc.com	(to be used for future annual report not	ification)
For further information c	onceining this matter, please c	•	
David Silbergleit		305 807-9207	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
	_	☐ \$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 S Division of Co	Section	<u>Street Address:</u> Registration Se Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 24 Philain

any as it now appears on our records,) Liability Company)	<u> </u>
were filed on L20000062009	and assigned
oility company here:	
lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
	
412 SE 6th St, Port Laude	erdale, Florida, 33301
address on our records, <u>enter th</u>	e name of the new registe
Enter Florida street address	
, Florio	da Zip Code
	were filed on L20000062009 billity company here: lity Company," the designation "LLC" of the street oddress on our records, enter the enter Florida street address

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 1123/10% 2**4** P1112: [1]

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Adam Lundquist	440 NE 4th Ave, Suite 301	_
		FT. Lauderdale, FL 33301	■Add
		r I. Lauderdale, RL 33301	Remove
			□Change
			□Add
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			□Change
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Tective date, if other that an effective date is listed, the date inserted in to other. If the date inserted in the cument's effective date on	ite must be specific a his block does not	nd cannot be prior meet the applica	to date of filing or me able statutory filing		filing,) Pursuant to 605.0
ecord specitics a delayed ef is filed.	fective date, but no	ot an effective ti	me, at 12:01 a.m. o	n the earlier of: (b) The 90th day after
ited		2020			
	1.1	Mulan	<u> </u>		
		<i>1/ BAL/ !/</i> *			
	Signature of a	nember or autho	rized representative of	of a member	

Filing Fee: \$25.00