# LZ0000300658

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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	GTA PRO	DVCTIONS LLC Limited Liability Company	
	Name of I	.imited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are	submitted for tiling.	
Please return all correspon	adence concerning this mat	ter to the following:	
	Mik	Ce BISSAN Name of Person	
	G	TA PRODUCTION LLC Firm/Company	
	39.	35 Loblolly Bay	Drive (unit 101)
		Oles, FL 34114 City State and Zip Code as tappoduction.  is: (to be ased for future annual report notif	
For further information co	ncerning this matter, pleas	e call:	
Mike B153 Name of	on (CEO) Person	at (239) 404 - 3 Area Code Daytime	Fool Telephone Number
Enclosed is a check for the	~	\$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 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

GTA PR	ODUCTIONS LLC 55 5
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny ny it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000300688</u> .	were filed on September 23, 20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
GTA PRODUCTION	LLC
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Manya of Mary Davietamad Against	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido
·	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
		/	/ □Add
			□Remove
		/	□Add
		/	□Remove
			□Change
			□Remove
		/	□ Change
	//		□Add
			□Remove
			□ Change
	/		□Add
			□Remove
/			☐ Change
			□Add
			Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1.2
(If an e Note	ctive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	My (2020)
	Signature of a member or authorized representative of a member
	Mike Bisson