

(Requestor's Name)	<u>-</u>
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PICK-UP WAIT MA	IL
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: GT P	ub Holdings, LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Terrence Dever		
		Name of Person	· ·
	GT Pub Holdings, LL	С	
		Firm/Company	
	719 Jane Ave		
		Address	<del></del>
	New Smyrna Bech, Fl	. 32168	
		City/State and Zip Code	
	gggixxer@yahoo.com		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti-	fication)
Terrence Dever		at ()689-3512	2 e Telephone Number
Name o	t Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	⊠ S60.00 Filing Fee,     Certificate of Status &     Certified Copy     (additional copy is enclosed)
Mailing Addres		Street Address:	•
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GT Pub Holdings, LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appe Liability Company	ars on our recor )	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Company	y were filed on _	February 3	, 2021	and assigned
Florida document number <u>£21000060512</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company l	<u>nere</u> :		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LL	C" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<del></del>		021 HAF
	<del></del>			
				-2
Enter new mailing address, if applicable:		<del></del>		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				ω
3. If amending the registered agent and/or registered office igent and/or the new registered office address here:  Name of New Registered Agent:	address on our	records, ente	r the name	of the new registere
New Registered Office Address:	Enter Fl	orida street addra		<del></del>
		Florida		
<del> </del>	Ciţy	, r		Zip Code
w Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
ereby accept the appointment as registered agent and ag- wisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as ng filed to merely reflect a change in the registered office upany has been notified in writing of this change.	e performance o provided for in	of my duties, a Chapter 605	ind Lam fai F.S. Or, if	niliar with and this document is
If Cha	inging Registered /	Agent, Signature	of New Regis	tered 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
AMBR	Gregory Gabringer	3325 Marsili Ave New Smyrna Beach, FL 32168	⊠Add
		<del></del>	
			□ Change
			□ Add
			□Change
<del></del>	<del> </del>		
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ective	date, if other than the date of filing:
effecti	we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ument	's effective date on the Department of State's records.
	necifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
s filed.	
	February 24
ed	February 24 2021
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Terrence Dever

Filing Fee: \$25.00