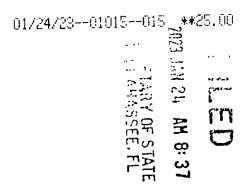
L23006011246

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400400152204



R. HUNT

COVER LETTER

TO: Registration : Division of C			
LGTF LL	.C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Brian Campbell		· · · · · · · · · · · · · · · · · · ·
		Name of Person	towns to the same
	LGTF LLC		
		Firm/Company	
	1317 Edgewater Drive, #6	971	8: 38 STATE E, FL
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	E-mail address:	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	•	neution)
Brian Campbell		(alle geggened	
	of Person	at ()	e Telephone Number
		·	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monro- Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Litt LDC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our remitted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com	npany were filed on 01/04/2023	and assigned
lorida document number L23000011246		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	I liability company here:	
GTC LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS) N/A	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	N/A	24 17
		SSS F
		ကြဟ က
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the hame of the new regis
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	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 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
	N/A - ALL		⊡Add
			□Remove
			□ Change
			□Add
			Remove
			All Sylves Add Remove
			□ Change
			□Add
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			Change
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			□ Change

N/A	
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12/28/2	2022
fective date, if other than the date of filing:	prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the a	pplicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's rec	rords.
ecord specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ath	
ated $\frac{N/A}{an}$ and $\frac{303}{an}$	23
Signature of a member or	authorized representative of a member

EU E 635.00