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COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:	GT OUTRA	DER LLC				
JOBJECI.		Name of Lim	ited Liability Company			
		amendment and fee(s) are subsidence concerning this matter	-			
		GRISEL CONTRERAS				
			Name of Person			
		GT OUTRADER LLC				
			Firm/Company			
		195 ORCHID DR				
			Address			
		FRUITLAND PARK, FL.	34731			
			City/State and Zip Code		~	
		tonytejada@gtoutrader.com	to be used for future annual repor	notification)		
For further in	nformation co	neerning this matter, please ca		r notification)	2021, FEB -	
GRISEL CO	ONTRERAS		480 647-14 at ()	53	· · · · · · · · · · · · · · · · · · ·	
	Name of	Person		aytime Telephone Number	M 8: 43	1
Enclosed is	a check for the	c following amount:			ţ,;	
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &	

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

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on APRIL 20, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	195 ORCHID DR	
	FRUITLAND PARK, FL 34731	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	195 ORCHID DR	7
	FRUITLAND PARK, FL 34731	1 0 0
B. If amending the registered agent and/or registered office :	address on our records, enter the n	ame of the new-registered
agent and/or the new registered office address here:	address on our records, <u>enter the t</u>	170 8: 13
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Floridu street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

GT OUTRADER LLC

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>	Address	Type of Action
AMBR	GRISEL CONTRERAS	195 ORCHID DR	□Add
		FRUITLAND PARK, FL 34731	□Remove
			≘ Change
AMBR	GENARO ANTONIO TEJADA PI	195 ORCHID DR	
		FRUITLAND PARK, FL 34731	□Remove
			€ Change
AMBR	BARRY SHIVER	12739 COUNTY ROAD 561A	□Add
		CLERMONT, FL 34715	■Remove
			☐Change
AMBR	JUAN BERNARDO BOTERO	195 ORCHID DR	Add
		FRUITLAND PARK, FL 34731	Remove
			Change
			□Add
		 	□Remove
			□ Change
			□Add
			□ Remove
			□ Change

	2021
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ective date, if other than the date of filing:	(optional)
reflective date is listed, the date must be specific and cannot be prior to date of filing of the: If the date inserted in this block does not meet the applicable statutory from the date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0
cord specifies a delayed effective date, but not an effective time, at 12:01 a.s filed.	.m. on the earlier of: (b) The 90th day after t
FEBRUARY 05 2024	
red	
Signature of a member or authorized representa	

Filing Fee: \$25.00