

L23000196645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



600423422246

02/08/24 --01013--017 --25.00

KH
2/21/24

STATE
INFORMATION, FL

2024 FEB -8 AM 8:42

FILED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: GT OUTRADER LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRISEL CONTRERAS

Name of Person

at (480)

Area Code

647-1453

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2021 FEB - 8 AM 8:43
TALLAHASSEE, FL
STATE

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GRISSEL CONTRERAS	195 ORCHID DR	<input type="checkbox"/> Add
		FRUITLAND PARK, FL 34731	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GENARO ANTONIO TEJADA PI	195 ORCHID DR	<input type="checkbox"/> Add
		FRUITLAND PARK, FL 34731	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BARRY SHIVER	12739 COUNTY ROAD 561A	<input type="checkbox"/> Add
		CLERMONT, FL 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN BERNARDO BOTERO	195 ORCHID DR	<input checked="" type="checkbox"/> Add
		FRUITLAND PARK, FL 34731	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2024 FEB -

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEBRUARY 05

2024

Signature of a member or authorized representative of a member

GRISEL, CONTRERAS

Typed or printed name of signee

Filing Fee: \$25.00