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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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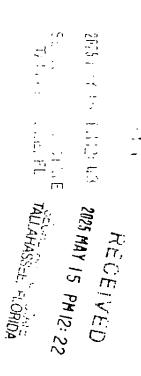
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SIBILIZE GCT	S Exchange LLC	will Charage to GCT	s lic
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Randau L	Name of Person	<u> </u>
		Tree Specialists Firm Company	Inc E
		Firm Company Ine do	: - -
		Address	
	PANAMA CI	FL4 32466 City/State and Zip Code	m
		City/State and Zip Code	
	g ctree Sp E-mail address:	to be used for future limital report not	ification)
For further information c	oncerning this matter, please c	·	
Rondac i	waglit	at (<u>\$</u> \$0) 814 -	-6202
Name o	i Person J	Area Code Daytir	ne 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 Address		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	-	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2025

RANDALL L WRIGHT 5650 BAYLINE DR PANAMA CITY, FL 32466 US

SUBJECT: GCTS EXCHANGE LLC Ref. Number: L24000287273

We have received your document for GCTS EXCHANGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your corporate name is unavailable. Chapter 607.0401(4), Florida Statutes states corporate names "must be distinguishable from the names of all other entities or filings organized or registered under the laws of this state, which names are on file with the Division."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 125A00010617



GCTS Excha	nger Lli	
(Name of the Limited Liability (A Florida I	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L ZYGCC 28/2/3 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	_·	and assigned
	Tree Specialists UC	10 05KT110
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	(ett) Commangen La Ess) Youngstown FL	nd: = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:	5650 Bayline di	
(Mailing address MAY BE A POST OFFICE BOX)	Susa Bayline di Panenie City 32404	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	 	
New Registered Office Address:	SESO Baylone de Emer Florida street address	
_	City , Florida	

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.

Rudall J Lingth

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
11191	Randali Livright		
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Effective date, if other than the date of filing: 5-15-25 (optional) I 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The 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 dis filed. Dated 5-15-25 Addit Line Signature of member or authorized representative of a member Research Line Signature of member or authorized representative of a member			
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Filing Fee: \$25.00