

L99000001835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L99-1835

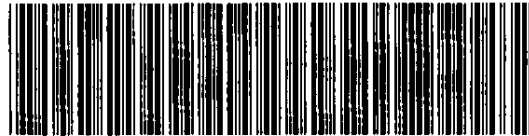
(Document Number)

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AUTHORIZATION BY PHONE TO
CORRECT name (A)
DATE 6/23/10
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10 JUN 23 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. C. C. JUN 23 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.T. Investment Group, L.L.C.
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:

Carlo Gretter

Name of Person

G.T. Investment Group, L.L.C.

Firm/Company

3553 High Ridge Rd.

Address

Boynton Beach, FL 33426

City/State and Zip Code

gretter.c@gevas.com

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

For further information concerning this matter, please call:

CARLO GRETTER

Name of Person

at (561) 202-0800

Area Code & Daytime 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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2010

CARLO GRETTER
3553 HIGH RIDGE ROAD
BOYNTON BEACH, FL 33426

SUBJECT: G.T. INVESTMENT GROUP L.L.C.
Ref. Number: L99000001835

We have received your document for G.T. INVESTMENT GROUP L.L.C. 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Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

The fee to Reinstate would be \$793.75 and the Amendment is \$25.00.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 010A00014123

Kim

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

10 JUN 23 PM 1:56

G.T. Investment Group L.L.C.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 3/26/99 and assigned
Florida document number 099000001935.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

G.T. Investment Grp L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

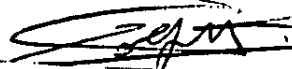
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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10 JUN 23 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee