

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

m1400001390

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
16 DEC 20 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2016 DEC 20 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TEAMDETROIT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

D. SCOTT

DEC 21 2016

12/20/16, 11:05 AM

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: TeamDetroit LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M14000001390

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/27/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: GTB Agency, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Kevin Farewell, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "TEAMDetroit LLC",
CHANGING ITS NAME FROM "TEAMDetroit LLC" TO "GTB AGENCY, LLC",
FILED IN THIS OFFICE ON THE FOURTH DAY OF MAY, A.D. 2016, AT
8:41 O'CLOCK A.M.

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16 DEC 20 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4175625 8100
SR# 20167166808

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203548256
Date: 12-20-16

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
TEAMDETROIT LLC**

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:41 AM 05/04/2016
FILED 08:41 AM 05/04/2016
SR 20162808957 - File Number 4175625

Kevin Farewell, being the Secretary of TeamDetroit LLC, a Delaware limited liability company, does hereby certify as follows:

FIRST: The name of the limited liability company (hereinafter called the "limited liability company") is TeamDetroit LLC.

SECOND: The certificate of formation of the limited liability company is hereby amended by deleting Article FIRST thereof in its entirety and by substituting in lieu of said Article the following new Article:

"FIRST: The name of the limited liability company is GTB Agency, LLC"

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on May 3, 2016.

/s/ Kevin Farewell
Name: Kevin Farewell
Title: Secretary and Authorized Person

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TALLAHASSEE, FLORIDA