M1600000 2570

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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June 7, 2018

CHRISTOPHER TAYLOR 215 BROAAADUS ST STURGIS, MI 49091

SUBJECT: GT INDEPENDENCE, LLC

Ref. Number: M16000002570

We have received your document for GT INDEPENDENCE, 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):

Please accept our apology for failing to mention this in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

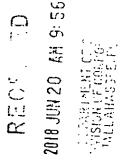
It can be a ceritified copy of the name change amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

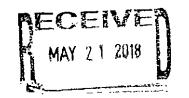
Octavia L Simmons Regulatory Specialist III

Letter Number: 718A00011908

GB







FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2018

CHRISTOPHER TAYLOR 215 BROADUS ST STURGIS, MI 49091

SUBJECT:GTINDEPENDENCE,LLC

Ref. Number: M16000002570

We have received your document for GT INDEPENDENCE, 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):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 818A00009947

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 appear	rs on the records of the Florida Depa	rtment of	
State: GT Independence, 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)		SECRETAL 20	
2. The Florida document number of this limited li	ability company is: <u>M1600000257</u> 0	SERGE 2	
3. Jurisdiction of its organization: Michigan			
	3/28/2016	7	
SECTION 11 (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mu.	GT Independence Services, LLC st contain "Limited Liability Compar	ny, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register registered agent and/or the new registered office a	anaging members adopting the altern C." or "LL.C.") red officer address on our records, <u>or</u>	ate name. The alternate name	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida St	reet Address	
	,Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered ag	egistered Agent: ent and agree to act in this capacity.	I further agree to comply with	

Thereby 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.

	accordance with 605.0902 (!)(e), indica	
<u>Name</u>	<u>Address</u>	Type of Action
		Add
		Remov
		Add
		Remov
		SECONDA 20
		SEE DRemo
		Add
		Remov
		Remov
ificate, if required: no more than mendment(s), duly authenticated the law of which this entity is o	d by the official/having custody of recor	ds in the
	ificate if required; no more than	Figure if required; no more than 90 days old, eVidencing the

Filing Fee: \$25.00

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORG.

for

GT INDEPENDENCE SERVICES, LLC

ID NUMBER: E7717F

received by facsimile transmission on June 5, 2017 is hereby endorsed.

Filed on June 5, 2017 by the Administrator.

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



Sent by Facsimile Transmission

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 5th day of June, 2017.

Julia Dale, Director

Julia Dale

Corporations, Securities & Commercial Licensing Bureau

CSCUCO-715 (Rev. 02/17)			
	PARTMENT OF LICENSING AND REG DNS, SECURITIES & COMMERCIAL LI		
Date Received	(FOR BUREAU USE ONLY)		
	This document is effective on the date filed, unless e subsequent effective date within 90 days after received date is stated in the document,		
Name GT Independence			
Address 215 Broadus St.			
City Sturgis, MI 49091	State ZIP Code	EFFECTIVE DATE:	
Document will be returned if left blank, document	ned to the name and address you enter above.		
CERTIF	ICATE OF AMENDMENT TO THE ART For use by Limited Liability Co (Please read information and instructions)	ompanies	
Pursuant to the provi	isions of Act 23, Public Acts of 1993, the undersigned	d execute the following Certificate of Amendment:	
The present name of the	e limited liability company is:		
GT Independence, LLC			
2. The identification number	er assigned by the Bureau is:	717F	
3. The date of filing the orig	ginal Articles of Organization was: 1-22-2016		
	e Articles of Organization is hereby amended to ability company is: GT Independence Services, LLC	read as follows:	
5. The amendment was articles of organization	s approved by a majority in interest if an operation by majority vote.	ng agreement authorizes amendment of the	
The amendment was	s approved by unanimous vote of all the membe	ers entitled to vote.	
This document is hereby si	gned as required by Section 103 of the Act.		
Signed the	nis 5th day of June	, 2017	
	(Signature of Member, Manager, or Author	prized Agent)	
John Ca	rmichael, Chief Executive Officer (Type or Print Name and Capacity)		