

L170000087106

(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:

RECEIVED
2017 MAY -1 AM 10:06
TALLAHASSEE, FLORIDA

Office Use Only



100298677191

05/02/17--01022--001 **25.00

MAY 02 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY -1 PM 4:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOGE NASR, 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:

Gustavo Torres Deas
Name of Person
Gustavo Torres Deas CPA
Firm/Company
7 N Vernon Ave.
Address
Kissimmee, FL 34741
City/State and Zip Code
gtorres@cpatorres.com
E-mail address: (to be used for future annual report notification)

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY - 1 PM 4:41

For further information concerning this matter, please call:

Gustavo Torres at (407) 913-5511
Name of Person 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

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

LDGE NASR, LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 19, 2017 and assigned Florida document number L17000087106.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY - 1 PM 4:10

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 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

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	Shedya V Naser de Naser		<input checked="" type="checkbox"/> Add
		3000 Seaview Castle Dr.	<input type="checkbox"/> Remove
		Kissimmee, FL 34746	<input type="checkbox"/> Change
AMBR	Munira Chanan de Nasr		<input checked="" type="checkbox"/> Add
		3000 Seaview Castle Dr.	<input type="checkbox"/> Remove
		Kissimmee, FL 34746	<input type="checkbox"/> Change
AMBR	Lahed Nasr Chanan		<input checked="" type="checkbox"/> Add
		3000 Seaview Castle Dr.	<input type="checkbox"/> Remove
		Kissimmee, FL 34746	<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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 12 MAY
 PM 4:42

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

Lined area for amending information.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY - 1 PM 4:42

E. Effective date, if other than the date of filing: immediately (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 April 24, 2017

Gustavo Torres De los ; authorized representative.
Signature of a member or authorized representative of a member

Gustavo TORRES De los 407-913-5511
Typed or printed name of signee