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COVER LETTER

Registration Section

TO:

Division of	f Corporations		••
TLG	H RENTALS, LLC		
SUBJECT:	Name of Li	mited Liability Company	·
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	PEDRO P. MENDEZ		
		Name of Person	, <u>, , , , , , , , , , , , , , , , , , </u>
	LAW OFFICES OF PET	ER P. MENDEZ, P.A.	
		Firm/Company	
	1622 HILLCREST STRI	EET	
	-	Address	
	ORLANDO, FLORIDA	32803	
	DATES DE LA CASTALIA DEL CASTALIA DE LA CASTALIA DEL CASTALIA DE LA CASTALIA DE L	City/State and Zip Code	
	PMENDEZ@MENDEZL E-mail address	tto be used for future annual report no	otification)
For further informat	ion concerning this matter, please	call:	
PEDRO P. MENDE		407 895-2480	
N:	ame of Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ce S30.00 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)
<u>Mailing Ao</u> Registrat		Street Address: Registration S	Section
Registration Section Division of Corporations		Division of C	orporations
P.O. Box			
P.O. Box	•	The Centre of	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	TLGH RENTALS, LLC	
(<u>Name of the Limited Liz</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L20000371280		and assigned
This amendment is submitted to amend the following	ñ:	
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 AL	DDRESS _j	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	tered office address on our records, <u>enter the name</u> : Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, and I at od agent as provided for in Chapter 605, F.S. C stered office address, I hereby confirm that the	m familiar with and Or, if this document is

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
MGR	RAUL F. FREIJO	610 SYCAMORE STREET, SUITE 160	□Add
		CELEBRATION, FLORIDA 34747	Remove
		NAME OF THE PARTY	□ Change
			□Add
			□Remove
			□Change
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CELEBRAT	ION, FLORIDA 34747				
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: If the date in	other than the date of file isted, the date must be specific a secreted in this block does no	of meet the applicable			
ment s effectiv	e date on the Department o	n State's records.			
ord specifies a filed.	delayed effective date, but r	not an effective time	, at 12:01 a.m. on the ea	tier of: (b) The 90th	i day after
	DECEMBER 22	2028			
d			,		
	Signature	L.	ad encountative of a mem		

Filing Fee: \$25.00