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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
, (Bı	usiness Entity Nar	ne)
; (Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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05/23/14--01009--016 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LGT Holdings, 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:	
Gregory L. Tuttle	
The Tutle Company, LLC Firm/Company	
1760 South Third Street	
Jacksonville Beach, FL 32250	
City/State and Zip Code GTuttle @ the tuttle company. win E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cray Tutle at (904) 249-1022 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee	

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

LGT Hol	ldings,	LLC			
(<u>Name of the Limited Li</u> (A Fl	ability Company as lorida Limited Liabil	it now appears on ity Company)	our records.)	1.00	
The Articles of Organization for this Limited Liabili Florida document number		e filed on <u></u>	-25-200	7_ and assign	ned
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liability	company here:			
The new name must be distinguishable and end with the words					
The new name must be distinguishable and end with the words	s "Limited Liability	Company," the desig	gnation "LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if applicable	•	N/	4		
(Principal office address MUST BE A STREET A)	DDRESS)	***	<u> </u>	<u> </u>	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX</u>		NJA		HAY 23 MM 11: 11	Transfer
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address here:	address on ou	r records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Grego	ory L.	Tuttle_		
New Registered Office Address:	Grego 1760 Sou	Hh Third S Enter Florida	treet street address		
	Jacksonvill	e Beach	, Florida _	32150	
Name Designationed Agent's Signature if changing Degic		O.,,		Zip Couc	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>`itle</u>	<u>Name</u>	Address	Type of Action
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The effect	e date, if other than the date of filing:
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(The effect the date t	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) May 19 th 2014 Confidence of the filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
(The effect the date t	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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