

*Lirionchick*

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

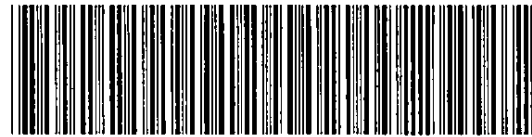
(Business Entity Name)

(Document Number)

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17 JUN 21 AM 8:49  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

JUN 22 2017

COULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2017

LORI TYRRELL  
9161 NARCOOSSEE ROAD SUITE 107  
ORLANDO, FL 32827

SUBJECT: LT NONA, LLC  
Ref. Number: L10000025070

RECEIVED  
2017 JUN 19 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LT NONA, 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):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 717A00011040

\*Thank you - here is the completed  
paperwork for re-submission

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LT NONGA 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:

LORI TYRRELL  
Name of Person

LT NONGA LLC  
Firm/Company

9161 NARCOSSE RD Suite 107  
Address

(Orlando) FL 32827  
City/State and Zip Code

KLRW647@KRW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI TYRRELL at (407) 207-0825  
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)

(already submitted)

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

LT NWA 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 03/05/2010 and assigned  
Florida document number L10000025070.

This amendment is submitted to amend the following:

N/A 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)

N/A B. If amending the registered agent and/or registered office address on our records, enter the name of new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

MGR = Manager  
AMBR = Authorized Member

17 JUN 21 AM 8:49  
 ADD  
 REMOVE  
 CHANGE  
 DEPARTMENT OF STATE  
 WASHINGTON DC 20520  
 ALPHAS BEE. FOR ID

N/A

17 JUN 21 AM 8:49  
FALLAHASSEE, FLORIDA

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June 1st, 2017

**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.

(b) The 90th day after the record is filed.

Dated June 14th, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee