10000133952

(Requestor's Name) (Address)	500192270455		
(City/State/Zip/Phone #)	·		
(Business Entity Name) (Document Number)	01/31/1101031018 **25.00		
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EXAMINER

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COVER LETTER

TO: Registration Se Division of Cor		*	
SUBJECT:	LGH HOLDI	Nas, LLC	
		ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sui	bmitted for filing.	
Please return all correspo	ndence concerning this matter	r to the following:	
	Del	er Hovery	
	LGH	Name of Person HOLDINGS, LCC Firm/Company	<u>.</u>
	905 LEG 1	. ,	Nao FL 32810
		Çity/State and Zip Code	
	_ VEREK.	ALTURACEGMAIL.C	om
	E-mail address: (to be used for future annual report notificati	on)
For further information co	oncerning this matter, please of	call:	
_ Darak 1	tovay	at <u>407</u> <u>704</u> – 99 Area Code & Daytime Te	359
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	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)
Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LGH HOLDING	is.UC
(Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 10000 [23952]</u> .	/ /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
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)	
B. If amending the registered agent and/or registered off 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:	2: 17 CORNER

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

MGR = Manager

MGRM = Managing Member <u>Title</u> Name **Address** Type of Action JENNIFER HOVEY

DENNIFER HOVEY ☐ Add Remove **☑** Add 🔲 Remove **⊠**-Add ☐ Remove Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JANUARY 25 Signature of a member or authorized representative of a member DEREK HOVEN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00