

L15000166970

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 19 2015

S MASON

From: **Travis Kimmey** tkimmeylaw@gmail.com
Subject: Fwd: Amendment to LLC Articles
Date: October 14, 2015 at 4:03 PM
To: lbabst48@gmail.com



----- Forwarded message -----

From: **Travis Kimmey** <tkimmeylaw@gmail.com>
Date: Wed, Oct 14, 2015 at 3:53 PM
Subject: Amendment to LLC Articles
To: marcoplumber2@gmail.com

Apologize for the slight error. I will credit the filing fee towards the Hangar LLC project fees. Please sign and send to the Department of Corporations. Address information is located on the form.

Send to:

Registration Section
Department of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Lisa, just sign and date the last page; include check for \$25 made out Department of Corporations.

--
Regards,

Travis N. Kimmey, Esq.
Travis N. Kimmey & Associates, PA
JD - University of Florida
LL.M - University of Florida
FL Bar # 0115747
tkimmeylaw@gmail.com
[561-512-3507](tel:561-512-3507)

--
Regards,

Travis N. Kimmey, Esq.
Travis N. Kimmey & Associates, PA
JD - University of Florida
LL.M - University of Florida
FL Bar # 0115747
tkimmeylaw@gmail.com
[561-512-3507](tel:561-512-3507)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LGB Investments, 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:

Lisa Babst

Name of Person

LGB Investments, LLC

Firm/Company

994 N. Barfield Dr. #29

Address

Marco Island, FL 34110

City/State and Zip Code

marcoplumber2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn Babst

Name of Person

239 253-4915
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LGB Investments, 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 September 22, 2015 and assigned
Florida document number L15000166570.

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 "LLC."

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 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

FILED
OCT 16 12:18
CLERK OF DISTRICT COURT
FLORIDA

MGR = Manager
AMBR = Authorized Member

[illegible]

SECRETARY OF STATE
TAMM, JEFF. FLORIDA

2019 OCT 16 PM 12:19

Add
Remove
Change

[illegible]

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.

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2015 OCT 16 P 12:19
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TALLAHASSEE, FLORIDA