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2017 AUG 21 PM 12:01
CLERK OF STATE
TALLAHASSEE, FL 32309

K SALY
AUG 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TH-1118 HWY COLUMBIA TN RECAP 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:

AUGUSTO EGOAVIL

Name of Person

EGOAVIL&HORVAT, PLLC

Firm/Company

2525 PONCE DE LEON BOULEVARD SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

AUGUSTO@EGOAVILHORVAT.COM

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

For further information concerning this matter, please call:

AUGUSTO EGOAVIL

Name of Person

at (561)

Area Code

389-9557

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)

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**

TH-1118 HWY COLUMBIA TN RECAP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 AUG 21 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 10, 2017

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 41700017063.7

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TH-1118 HWY COLUMBIA TN RECAP LLC

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) _____

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

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
2007 AUG 21 PM 12:09
SOUTHERN DISTRICT OF ALABAMA
FALLAHS ST. N. 07101

2011 AUG 2
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-01-2011 BY 60322
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2017 AUG 21 PM 12:01
SECURITY OF STATE
ATTORNEY GENERAL

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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.

Dated August 18, 2017

Signature of a member or authorized member

PUN FOR LI

Typed or printed name of signer