

06/13/2018 10:04 AM FAX 9546414192
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BLACKSTONE LEGAL SUPPLIE
Division of Corporations

00001/0002

L18000102506

Florida Department of State
Division of Corporations
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((H18000177028 3)))



H180001770283ABC1

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Account Number : 072720000101
Phone : (954)791-2100
Fax Number : (954)583-4117

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18 JUN 13 AM 8:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
INTELLEGO SMART STRUCTURES LLC,
A Florida Limited Liability Company

FIRST: The Articles of Organization were filed on April 26, 2018 and assigned document number L18000102506.

SECOND: The following amendment to the Articles of Organization was adopted by the limited liability company:

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

EDMOND GIRARDI
1843 OLEVIA STREET
JACKSONVILLE FLORIDA 32207

AMBR

DAVID DESIMONE
1843 OLEVIA STREET
JACKSONVILLE FLORIDA 32207

June 12, 2018


EDMOND GIRARDI,
AUTHORIZED MEMBER

M16000006792

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : SQUIRE, PATTON & BOGGS US LLP
Account Number : 120020000173
Phone : (813)202-1300
Fax Number : (813)202-1313

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LG WINTER PARK FAIRBANKS, LLC

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K SALY
JUN 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LG Winter Park Fairbanks, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy H. Krumin, Esq.

Name of Person

Squire Patton Boggs (US) LLP

Firm/Company

201 N. Franklin St., Suite 2100

Address

Tampa

City/State and Zip Code

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

For further information concerning this matter, please call:

Stacy H. Krumin, Esq. at (813) 202-1357
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LG Winter Park Fairbanks, LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M16000006792

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 8/24/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Matt Bloomfield	3500 Maple Ave., Suite 1600, Dallas, TX 75219	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative
Rob Pivnick

Typed or printed name of signee

Filing Fee: \$25.00