LZ4000073953

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	(Address)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	LGA Mame of Lim	NO-SOMENT LLC ited Liability Company	•
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Leidys Gonzalez	
	LGA Ha	Name of Person Name of Person	
		CKS Blyd #103	
	<i>L</i> L	City/State and Zip Code	
	MSASTURAIN 21 (E-mail address: (2 amail (tom) to be used for future annual report noti	dication)
	n concerning this matter, please c		
<u>Higul</u>	E Sasturain	at () <u>786 -</u> Area Code Daytim	612-3438 AC PK Telephone Number CAASS PK TO PK T
Enclosed is a check to	r the following amount:		SO P
th \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing light Certificate of States & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LGA Hanagement	LLC.
(<u>Name of the Limited Liability Comp</u> (X Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L240000 739 53 ·</u> .	were filed on $\frac{2/9/24}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	9760 AITIS Cir S, Healeal, Fl 33018.
ngent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Sastur	ain, Higuel E
New Registered Office Address: 9760	Emer Florida sirvet address 72 0 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
***************************************	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>	Type of Action
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	V	Mami, Fl 33196	TRemove
			□ Change
AHBR.	Myul E Sisturain	9760 AITIS Cir S Hieleah,	DAdd
	V	PL 3加局.	□Remove
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Filing Fee: \$25.00