

ME 000008783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

11/10/15--01017--013 **25.00

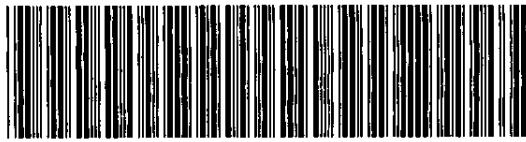
(Document Number)

Certified Copies _____ Certificates of Status _____

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15 NOV 10 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 02 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2015

LARRY GITMAN
1111 KANE CONCOURSE STE 518
BAY HARBOR ISLANDS, FL 33154

SUBJECT: LGN INTERNATIONAL LLC
Ref. Number: M15000008783

15 NOV 10 PM 5:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LGN INTERNATIONAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 115A00023935

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LGN International 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:

Larry Gitman

Name of Person

FILED
15 NOV 10 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LGN International LLC

Firm/Company

1111 Kone Concourse Suite 518
Address

Bay Harbor Islands, FL 33154
City/State and Zip Code

Larry.gitman@gmail.com

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

For further information concerning this matter, please call:

Larry Gitman
Name of Person

at (305) 343-9536
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

Already sent

CR2E055 (9/15)

**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: LGW International LLC

Enter new principal office address, if applicable: _____

Principal office address
MUST BE A STREET ADDRESS

15
NOV 10 PM 5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
W 3

FILED

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: M1500008783

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/02/15

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:

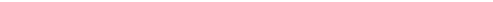
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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)(e), indicate that change:

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

Typed or printed name of signee