

Division of Corporations

Page 1 of 2

MIS00009786
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H:9000154984 3))



H1S0001549843A006

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To: Division of Corporations
Fax Number : (850)517-6383
From: Account Name : SQUIRE, PATTON & BOGGS US LLP
Account Number : 120620000175
Phone : (813)202-1300
Fax Number : (813)202-1313

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LG FOWLER AND SIST, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

2019 MAY 14 PM 2:35

2019 MAY 13 PM 12:06

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850-G17-G381

5/13/2019 1:03:20 PM PAGE

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Fax Server



May 13, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STACY H. KRUMIN, ESQ.
3500 MAPLE AVE
SUITE 1600
DALLAS, TX 75219

SUBJECT: LG FOWLER AND 51ST, LLC
REF: M1500009786

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 10 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (350) 245-6052.

Tacarri K Glass
Regulatory Specialist II
Amount charged: 25.00

FAX Aud. #: H19000154964
Letter Number: 919A00009597

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1500009786

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AND
FILED

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 Fowler and 51st, 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: M15000009786

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: December 7, 2015

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

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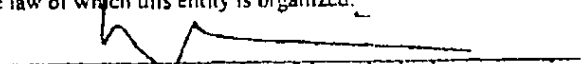
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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> |
|-----------------------|-------------------------|---|--|
| <u>MGR</u> | <u>LG CAPITAL, LLC</u> | <u>3500 MAPLE AVENUE, SUITE 1600, DALLAS, TEXAS 75219</u> | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| <u>MGR</u> | <u>FERNANDO DE LEON</u> | | <input type="checkbox"/> Add |
| | | <u>3500 MAPLE AVENUE, SUITE 1600, DALLAS, TEXAS 75219</u> | <input checked="" type="checkbox"/> Remove |
| <u>VP</u> | <u>MATT BLOOMFIELD</u> | | <input type="checkbox"/> Add |
| | | <u>3500 MAPLE AVENUE SUITE 1600, DALLAS, TEXAS 75219</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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 STATE OF TEXAS

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

Will Tolliver

Typed or printed name of signee

Filing Fee: \$25.00