

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M220001438188

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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
TRG NMB MEMBER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2022 APR 20 PM 4:55

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Corporate Filing Menu

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C. BRUMBLEY
APR 21 2022

2022 APR 20 PM 2:17

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRG NMB Member, 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:

Stacey Duncan

Name of Person

Dentons US LLP

Firm/Company

4520 Main Street, Suite 1100

Address

Kansas City, MO 64111

City/State and Zip Code

stacey.duncan@dentons.com

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

For further information concerning this matter, please call:

Stacey Duncan

at (816)

460-2557

Name of Person

Area Code & Daytime Telephone Number

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

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**

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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: TRG NMB Member, 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: M22000003188

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 1, 2022

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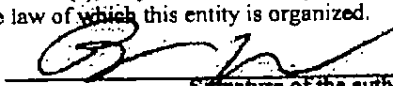
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Please add the below persons and remove Brian J. Tusa as Manager:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	S. Joseph Barrett	8235 Douglas Avenue, Suite 950	<input checked="" type="checkbox"/> Add
		Dallas, TX 75225	<input type="checkbox"/> Remove
VP	Matt Lewis	8235 Douglas Avenue, Suite 950	<input checked="" type="checkbox"/> Add
		Dallas, TX 75225	<input type="checkbox"/> Remove
VP	Steven H. Reynolds	8235 Douglas Avenue, Suite 950	<input checked="" type="checkbox"/> Add
		Dallas, TX 75225	<input type="checkbox"/> Remove
VP	Jacob Shotmeyer	8235 Douglas Avenue, Suite 950	<input checked="" type="checkbox"/> Add
		Dallas, TX 75225	<input type="checkbox"/> Remove
Pres/Sec	Brian J. Tusa	8235 Douglas Avenue, Suite 950	<input type="checkbox"/> Add
		Dallas, TX 75225	<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

Brian J. Tusa

Typed or printed name of signee

Filing Fee: \$25.00

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