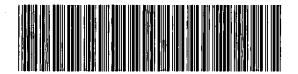
## 207000106652

(Reque	estor's Name)
(Addre	ess)
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(City/Si	state/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docun	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Filir	ng Officer:
	A. LUNT
	APR 20 2009

**EXAMINER** 

Office Use Only



900150255229

04/17/09--01022--023 \*\*55.00

## **COVER LETTER**

TO: Registration Section Division of Corporations					
En 1) (1)					
(Name of Limited Liability Company)					
Name of Limited Liability Company)  The enclosed Articles of Amendment and fee(s) are submitted for filing.					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
: Arthur Hiscox					
(Name of Person)					
Emerald Underwage Lights LLC.					
(Firm/Company)					
17041 Dolphin Dr. (Address)					
North Redinston Beach II 33708 (City/State and Zip Code)					
For further information concerning this matter, please call:					
m , p1 1 11 11					
Mark Edward Itall at 727 4/7-5069  (Name of Person) (Area Code & Daytime Telephone Number)					
(Mea Code & Daytine Telephone Multiper)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)					

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Florida document number <u>LO7000</u>			and assigned  SECRETA  SECRETA		
This amendment is submitted to amend the fo  A. If amending name, enter the new name		ility company here:	APR 17 PH		
The new name must be distinguishable and end w "L.L.C."	vith the words "Limi	ted Liability Company," the designation			
Enter new principal offices address, if appli (Principal office address MUST BE A STRE		17470 1st Ea Redington Shor	<i>[ [ ] ] ] ] - [ ] [ ] [ ] [ ] [ ] [ ] [ </i>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	17470 1st Ed Redington Sho	<u>est</u> res fl 372		
B. If amending the registered agent and/or registered office 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:	Mark 17470 Redingo	Hall  15t East  (Enter Florida street a Shores, Florida (City)	<b>-</b>		
New Designational Assemble Classes and If the second	Designation of Association	•			

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 608, 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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title **Type of Action** Address Name 🗂 Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00