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EXAMINER



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DIVISION OF CORPORATION

A CONTRACTOR

September 19, 2009

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ATTACHED FOR:

## STRONG LIGHT LLC

ADDRESS: 1120 REDWOOD ST HOLLYWOOD FL, 33019

**DAYTIME PHONE NUMBER: 954-224-2829** 

## **COVER LETTER**

TO:	Registration Secti Division of Corpo			
SUBJ				
0000		Name of Limi	ted Liability Company	
The en	closed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		E	EDUARDO SARNOW	
			Name of Person	
STRONG LIGHT LLC				
			1120 REDWOOD ST	
Address				
		НС	OLLYWOOD FL, 33019 City/State and Zip Code	
		E-mail address: ()	dsarnow@gmail.com to be used for future annual report notifi	cation)
For fur	ther information cond	cerning this matter, please c	·	,
	EDUARI Name of Po	OO SARNOW erson	at ( 954 )  Area Code & Daytime	224-2829 c Telephone Number
Enclos	ed is a check for the f	following amount:		
<b>▼</b> \$25	i.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & 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

	<u>ONG LIGHT LLC</u>		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now app Limited Liability Company	ears on our records.) y)	
The Articles of Organization for this Limited Liability	Company were filed on _	MARCH 19, 2009	and assigned
Florida document number L0900027155			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company l	nere:	
The new name must be distinguishable and end with the work.L.C."	ords "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			<b>9</b> ××××
			SION
Enter new mailing address, if applicable:			7 P P P P P P P P P P P P P P P P P P P
Mailing address MAY BE A POST OFFICE BOX)			<del>ය</del> ිනි
			🕏 इंट्र
			: Z. co
B. If amending the registered agent and/or regi	stered office address or	our records, enter the	name of the nev
registered agent and/or the new registered office ad			Z
Name of New Registered Agent:			·····
New Registered Office Address:		<del></del>	
		Enter Florida street addre	SS
		, 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 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRN	LIORA POLICHUK	1120 REDWOOD ST HOLLYWOOD EL, 33019	_☑ Add □ Remove
			Add Remove
			Add Remove
D. If a	mending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
	WITH THE ADDITION OF TH	_	
	STRONG LIGHT LLC SHOUL	<del>-</del>	
	LIORA POLICHUK 51% OF C	_	
	EDUARDO SARNOW 49% O	<del>-</del>	
Dated _	JULY 16	,	-
	Signature of	a member or authorized representative of a member	
	orginative or a	EDUARDO SARNOW	
		Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00