(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			2	0 1 -
SUBJECT: Li G	Kt: Custom Name of Limite	WOOLWOXK 187 d Liability Company	gand Home	Remodelins UC.
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.		1
Please return all correspon	dence concerning this matter to	the following:		
	Light Cust 8015 Bl Tallah	S. Light  Name of Person  Om Woodlot  Firm/Company  LUE Smok  Address  City/State and Zip Code	32312	me Romadoling
		land of future annual report notific	cation)	
For further information co	oncerning this matter, please ca	ll:	I	
Name o	f Person .	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 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

Light: Custom Woodwor	Kingand	Homek	emodell	J. W
(Name of the Limited Liability Company (A Florida Limited Liab	as it nowappears on or oility Company)	r records.)		j
The Articles of Organization for this Limited Liability Company we Florida document number <u>LPOCOOCIO</u>	ere filed on <u>:Jc211</u>	, 5,2010	_ and assigned	}
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability  Light Custom Wordway  The new name must be distinguishable and contain the words "Limited Liability	elcina ar	id Han	ne Remox	leling LLC
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	-71 
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			PA F.	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our	records, enter t	he name of the ne	<u> </u>
Name of New Registered Agent:				1
New Registered Office Address:	Enter Florida s			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			1	

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

If amending a or removed fr	Authorized Person(s) authorized to monitorized to m	anage, enter the title, name, and ac	dress of each person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
april	Patricio & Light	7allahasses f	1032312 Add
LIM DID	Sean Gustat	2021 Heath	Change Drive
<u> </u>	Scar Gustal	Tall. FL.3	52312 Remove
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FF 4'	date if other than the date of filing:(optional)	
an effectiv	date, if other than the date of filing:	to 605.0207 (3)(to 605.0207)
ocument	s effective date on the Department of State's records.	
		aarlier of:
e recor The 90	d specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the $\epsilon$ ot day after the record is filed.	same or.
Dated(	9ct 31,2017.	
	Attrecia De Light	
	Signature of a member or authorized representative of a member	
	Patricia & Light	ı

Page 3 of 3

Filing Fee: \$25.00