| (Re                                   | equestor's Name)   | -           |
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| PICK-UP                               | WAIT               | MAIL        |
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| (BL                                   | isiness Entity Nar | ne)         |
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| (Do                                   | ocument Number)    |             |
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| Certified Copies                      | _ Certificates     | of Status   |
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| Special Instructions to               | Filing Officer:    |             |
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Office Use Only



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M. MILLIGAN OCT 2 4 2018

## **COVER LETTER**

| Div           | ision of Cor   | porations   |   |   |  |
|---------------|----------------|---|---|---|--|
| SUBJECT:      | Light Custo    | m Woodworking and Home Ro                         | emodeling, LLC  |   |  |
| SUBJECT       | <del></del>    | Name of Limi                                      | ted Liability Company   |   |  |
| The enclosed  | d Articles of  | Amendment and fee(s) are sub-                     | mitted for filing.  |   |  |
| Please return | ı all correspo | ndence concerning this matter                     | to the following:   |   |  |
|               |                | Steven B. Light                                   |   |   |  |
|               |                |   | Name of Person  | <del></del>   |  |
|               |                | Light Custom Woodworking and Home Remodeling, LLC |   |   |  |
|               |                |   | Firm/Company  | <u>.                                    </u>  |  |
|               |                | 8075 Blue Smoke Drive                             |   |   |  |
|               |                |   | Address   |   |  |
|               |                | Tallahassee , Florida 3231                        | 2   |   |  |
|               |                | light6clan@gmail.com                              | City/State and Zip Code   |   |  |
|               |                | E-mail address: (                                 | to be used for future annual report notifi                          | cation)   |  |
| For further i | nformation c   | oncerning this matter, please ca                  | all:  |   |  |
| Steven Ligh   | it             |   | 850 980-0565<br>at ( )  |   |  |
|               | Name o         | f Person  |   | Telephone Number  |  |
| Enclosed is   | a check for th | ne following amount:                              |   |   |  |
| ■ \$25.00 F   | Filing Fee     | □ \$30.00 Filing Fee &<br>Certificate of Status   | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |

MAILING ADDRESS:

TO:

**Registration Section** 

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

... 192

| Light Custom Woodworking and Home Rei  | modeling, LLC  | - # OC                              |
|--|--|-------------------------------------|
| ( <u>Name of the Limited Liabi</u><br>(A Florid  | lity Company as it now appears on our records<br>da Limited Liability Company) | s.)                                 |
| The Articles of Organization for this Limited Liability  | Company were filed on 03/25/2018   | and assigned                        |
| Florida document number L10000001094   |  |                                     |
| This amendment is submitted to amend the following:  |  |                                     |
| A. If amending name, enter the new name of the lin   | nited liability company here:  |                                     |
| The new name must be distinguishable and contain the words "Li                                   | mited Liability Company," the designation "LLC                                 | " or the abbreviation "L.L.C."      |
| Enter new principal offices address, if applicable:  |  | <del></del>                         |
| (Principal office address MUST BE A STREET ADD   | RESS)  |                                     |
|  | <del></del>  |                                     |
| Enter new mailing address, if applicable:  |  |                                     |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                     |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad- |  | s, <u>enter the name of the new</u> |
| Name of New Registered Agent:  |  |                                     |
| New Registered Office Address:   | Enter Florida street addres:   | 5                                   |
|  | Fla  | orida                               |
|  | 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | Address                                       | Type of Action |
|--------------|----------------|---|----------------|
| AMBR         | Jackson Sidoti | 2650 Municipal Way Tallahassee, Florida 32304 |                |
|              |                |   | ☐ Remove       |
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| ective date, if other than th  | e date of filing:          |                 |                  | (optional)                            |              |                    |
| effective date is listed, the date m<br>te: If the date inserted in this | ust be specific and cannot |                 |                  | days after filing.) P                 |              |                    |
| ument's effective date on the  |                            |                 | ory ming require | nents, tins date wi                   | ii not be na | neu a              |
|  |                            |                 |                  |                                       |              |                    |
| record specifies a delaye<br>he 90th day after the re                    |                            | but not an effe | ective time, at  | 12:01 a.m. or                         | the earl     | ier o              |
| October 24   | 201                        | 8               |                  |                                       | بر: الله     | 20                 |
| ~~ <u>}</u>  | ,                          |                 |                  |                                       | F-1          | <b>2018</b> OCT 24 |
| \  | ~                          | -) //           | Λ                |                                       |              |                    |

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Typed or printed name of signee

Filing Fee: \$25.00