00000041647

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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J. SAULSBERRY **EXAMINER**

JUL 2 2012

COVER LETTER

· j,

TO:

TO:	Registration Se Division of Cor				
SUBJECT: GILBERT		T GUERRA LLC			
		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please 1	return all correspo	ondence concerning this matte	r to the following:		
			Thomas Bernardo		
			Name of Person		
			Gilbert Guerra LLC		
			Firm/Company		
			1509 W Knollwood St		
			Address		
			Tampa FL 33604		7A.: 22
		+++ T	City/State and Zip Code		112. 110.
		ac	ccurateled@gmail.con	n	
			(to be used for future annual rep	ort notification)	27 88Y 88E
For fun	ther information of	concerning this matter, please	call:		
	Tho	mas Bernardo	at (561)	676 0657	2812 JUN 27 AH S-4: SEGRETARY OF STATE ALLAMASSEE, FLORID
	Name o	of Person	Area Code &	Daytime Telephone Number	5 5
Enclose	ed is a check for t	he following amount:		•	
₽ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified	e of Status &
	Regist Divisio R O B	ING ADDRESS: ration Section on of Corporations ox 6327	Registratio Division of Clifton Bui	COURIER ADDRESS: n Section Corporations Iding	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GILBER	RT GUERRA LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document numberL10000041647	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
ACCUF	RATE LED, LLC
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	># \= \"\"
(Principal office address MUST BE A STREET ADDRI	ESS)
	SEE TO TO THE SEE TO T
Enter new mailing address, if applicable:	FLORI CE
(Mailing address MAY BE A POST OFFICE BOX)	D _A 55
B. If amending the registered agent and/or registered agent and/or the new registered office address: 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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			AddRemove
 .			□ D
	·		— ~
			Remove
D. If amend	ding any other information, enter	r change(s) here: (Attach additional sheets,	if necessary.)
			ESP JUN 27 SECRETARY TALLAHASSE
Dated	JUNE 26	<u>2012</u>	AIN C: 45
	Signature of a	member or authorized representative of a memb	oer
		THOMAS BERNARDO Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00