## 118000004483

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## COVER LETTER

		of Corpo				
SUBJE		B LIGHTI	NG AND GRIP, LLC			
DODGE			Name of Limi	ted Liability Co	mpany	
The encl	losed Arti	cles of An	nendment and fee(s) are subr	nitted for filing	g.	
Please re	eturn all c	orrespond	ence concerning this matter t	o the following	g:	
			Alecia Harvey			
				Name of	Person	
			RGB LIGHTING AND GR	IP, LLC		
				Firm/Co	mpany	
			2574 Aventurine Street			
				Addr	ess	<del></del>
			Kissimmee, FL 34744			
				City/State and	Zip Code	
			aleciaedwards@gmail.com E-mail address: (t	o be used for fur	ure annual report not	ification)
For furth	her inforn	nation con	cerning this matter, please ca		<b>.</b>	,
Alecia I	Harvey			407	485-2121	
	<u>-</u>	Name of P	erson	at ( Area	Code Daytin	ne Telephone Number
					l I	
Enclose	d is a che	ck for the	following amount:		l	
□ <b>\$</b> 25,	.00 Filing	Fee	■ \$30.00 Filing Fee & Certificate of Status	Centifie	ling Fee & Copy a copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314		STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahassee, FL 32	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGB LIGHTING AND GRIP, LLC			
(Name of the Limited	Liability Compan A Florida Limited Li	ny as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Lia Florida document number L18000004483	bility Company	were filed on 01/05/2018 a	nd assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liabil	lity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	y Company," the designation "LLC" or the abbreviat	ional L.C. S
Enter new principal offices address, if applica	ble:		CRE LA
(Principal office address MUST BE A STREET	Ï		TARY HASSE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		OF STATE E. FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered offi	ice address here		name of the new
Name of New Registered Agent:	Alecia Harvey		
New Registered Office Address:	2574 Aventurine	_ <u> </u>	
	Kissimmee	Enter Floridu street address , Florida 34744  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

MGR = 1 AMBR =	Manager Authorized Member		
<u> Title</u>	Name	Address	Type of Action
AR	Alecia Harvey	2574 Aventurine Street	
		Kissimmee, FL 34744	B Remove
			☐ Change
CEO	Leon Harvey	2574 Aventurine Street	
		Kissimmee, FL 34744	Remove
			Remove
			Change
<del></del>	<del></del>		Add
			□ Remove
			Change
			Add
			C Remove
			☐ Change
	<del></del>		□ Add
			□ Remove

D. If amending any other information, enter change(s) here	(Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be li	
If the record specifies a delayed effective date, but no (b) The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the ear	lier of:
Dated		
Signature of a member or author	orized representative of a member	
Alecia Harvey		
Typed or printe	ed name of signee	
n	:3 of 3	

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Filing Fee: \$25.00