L21000035970

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(City/State/Zip/Phone #)
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(Document Number)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LIGHTNING LA	BS, LLC	
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		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
0.6		Vehicle Search
	· 	Driving Record
Requested by:		UCC or 3 File
Name	Date Time	UCC 11 Search
; vallic	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHTNING LABS, LLC

company has been notified in writing of this change.

2022 DEC -9 AM 9: 56

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our reco Liability Company)	IALLAHASSES OF				
The Articles of Organization for this Limited Liability Company Florida document number 1.21000035970		and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	4800 LYONS TECHNOLOGY PARKWAY, #4					
(Principal office address MUST BE A STREET ADDRESS)	COCONUT CREEK, FL 33	073				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4800 LYONS TECHNOLOGY PARKWAY, #4					
	COCONUT CREEK, FL 33073					
		<u> </u>				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new register				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	 City	Florida				
New Registered Agent's Signature, if changing Registered Agent:	·	zφ Coae				
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I					
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as						

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
			DAdd
			□ Remove
			Change
			🗀 Add
			Remove
			Change
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record specifies a clis filed.	elayed effecti	ve date, but	l not an efi	fective tin	ie, at 12:0	11 a.m. on	the earlier	of: (b)	The 90)th day	after the
ated December 9		 -		22	_ ·						
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