

N1160000002028

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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I ALBRITTON

**COVER LETTER**

Office of Amendment Section  
Division of Corporations

6 LIGHTS IN THE DESERT' CORP

**NAME OF CORPORATION:** \_\_\_\_\_

N1600002028

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN MARA

\_\_\_\_\_  
(Name of Contact Person)

6 LIGHTS IN THE DESERT, CORP

\_\_\_\_\_  
(Firm/ Company)

1103 N OAKRIDGE CIRCLE

\_\_\_\_\_  
(Address)

LANTANA, FL 33463

\_\_\_\_\_  
(City/ State and Zip Code)

fo@6lightsinthedesert.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN MARA

561

596 6274

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2016

STEVEN MARA  
6 LIGHTS IN THE DESERT, CORP  
1103 NORTH OAKRIDGE CIRCLE  
LANTANA, FL 33462

SUBJECT: 6 LIGHTS IN THE DESERT, CORP  
Ref. Number: N16000002028

We have received your document for 6 LIGHTS IN THE DESERT, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 516A00024458

RECEIVED  
10 DEC -7 AM 11:59

Articles of Amendment  
to  
Articles of Incorporation  
of

6 LIGHT IN THE DESERT, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

N16000002028

(Document Number of Corporation (if known))

In accordance with the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**Enter new principal office address, if applicable:**

*Principal office address **MUST BE A STREET ADDRESS***

**Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

**If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

**Name of New Registered Agent:** CHRISTOPHER DELISE

6326 S FICUS LANE

(Florida street address)

**New Registered Office Address:**

LANTANA

(City)

Florida 33462

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



Signature of New Registered Agent, if changing

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MAIL ROOM  
TALLAHASSEE, FLORIDA

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amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change            PT     John Doe  
 Remove            V     Mike Jones  
 Add                SV    Sally Smith

<u>Type of Action</u> (check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input checked="" type="checkbox"/> Change	S/T	BRETT deHAVEN	4368 SUSSEX AVE. LAKE WORTH, FL 33461
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
<input checked="" type="checkbox"/> Change	S/T/D	FRANK NELSON WINTER	6074 SPRING ISLES BLVD LAKE WORTH, FL 33463
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input checked="" type="checkbox"/> Change	D	RICHARD DELISE	6326 S FICUS LANE LANTANA, FL 33462
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input checked="" type="checkbox"/> Change	D	JOSHUA RODRIGUEZ	619 NW 45th DRIVE DELRAY BEACH, FL 33445
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



**Effective date of each amendment(s) adoption:** \_\_\_\_\_ if other than the date this document was signed.

N/A

**Effective date if applicable:** \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

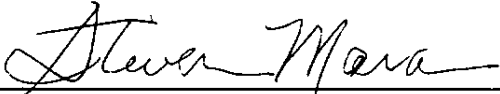
**Option of Amendment(s)**                      **(CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

NOVEMBER 30, 2016

Dated \_\_\_\_\_

Signature  \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

STEVEN MARA

\_\_\_\_\_  
(Typed or printed name of person signing)

CHAIRMAN OF THE BOARD

\_\_\_\_\_  
(Title of person signing)