N/600000 2028

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800329061848

G5.408M3--01603--003 →•35.66



STREET OF TAR BES



COVER LETTER

TO: Amendment Section Division of Corporations

6 LIGHTS IN THE DESERT, CORP NAME OF CORPORATION: N16000002028 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVEN J. MARA (Name of Contact Person) 6 LIGHTS IN THE DESERT, CORP. (Firm/ Company) 1103 N OAKRIDGE CIRCLE (Address) LANTANA, FL 33462 (City/ State and Zip Code) info@6lightsinthedesert.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEVEN MARA 561 596 6274 (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: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

6 Lights in the Desert, Corp

(Name of Corporation as currently filed with the Florida Dept. of State) N16000002028

(Document Number of Corporation (if known)

		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	l" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered Name of New Registered Agent:		enter the name of the
New Registered Office Address:	(FI	orida street address)
	+ 	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	ered Agent, if changing

If 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	MICHAELANGELO	7255 S MILITARY TRAIL
Add			LAKE WORTH, FL 33463
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)			
		<u></u>		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
				
		-		
		<u> </u>		
<u></u>				
		 -		
			-	
		· -		. <u>.</u>
			<u></u>	
7				
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · ·			

•	. N/A		
The	e date of each amendment(s) adoption:	, if other than th	je
date	e this document was signed. N/A		
Eff	ective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)		
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records.	: listed as the	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)		ĺ
	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.		1
	4/4/19		
	Dated		
	A W		
	Signature / October		
	(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 of Directors		
	(Title of person signing)		