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## **COVER LETTER**

## Shadowlight Creations LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Damon Phelps Name of Person Shadowlight Creations LLC Firm/Company 4698 W Bobby Court Address Lecanto, Florida, 34461 City/State and Zip Code dlyonnephelps@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Damon Phelps Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shadowlight Creations LLC			
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our reco lability Company)	<u>rds.</u> )	
he Articles of Organization for this Limited Liability Company lorida document number <u>L21000238290</u>	were filed on 05/21/2021	and assig	ned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	lity company here:		
hadowflame Creations LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.	Ċ."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<b>SEC</b>	
		OF AN	7
		N 30	
nter new mailing address, if applicable:			<del></del>
Mailing address MAY BE A POST OFFICE BOX)		AH OF SEE	
Hunning muncos MATE DESTITIONS OF THE SECOND		. E. S.	
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new	<u>registo</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ada	dress	
		Florida	
	• •••	•	

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 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>	<u>Address</u>	Type of Action
			□Add
-			□Remove
			□Change
			□Remove
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			□Change
			□Remove
			□ Change
			\ \_Add
			□Rcmove

an d	ctive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
ate	January 25th 2023.  Damon Phelps  Simple of a propher or authorized representative of a member
	Damon Publish Signature of a member or authorized representative of a member
	Damon Phelps