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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capilite Products LLC
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:

Martin West
Name of Person
Capilite Products LLC
Firm/Company
4491 S. State Rd 7, suite 210
Address
FT Lauderdale, FL, 33314
City/State and Zip Code
Mwest@capilite.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin West CFO at (954) 331-2251
Name of Person Area Code Daytime Telephone Number
Secretary / Treasurer

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2018 x 17 11:59

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Copylite Products LLC
(Same of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/3/2003 and assigned
Florida document number L03000011.990

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4491 S. State Rd 7
Suite 210
Ft Lauderdale, FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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>	<u>Type of Action</u>
<u>ST</u>	<u>Corey, Warsaw</u>	<u>4061 SW 47 Ave</u>	<input type="checkbox"/> Add
		<u>Ft Lauderdale, FL, 33314</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>ST</u>	<u>West, Martin</u>	<u>4491 S. State 7, suite 210</u>	<input type="checkbox"/> Add
		<u>Ft Lauderdale, FL, 33314</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Spring, Marc</u>	<u>4491 S. State Rd 7, Ste 210</u>	<input type="checkbox"/> Add
	<u>ADDRESS</u> <u>CHANGE ONLY!</u>	<u>Ft Lauderdale, FL, 33314</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Spring, Michael</u>	<u>4491 S. State Rd 7, Ste 210</u>	<input type="checkbox"/> Add
	<u>ADDRESS</u> <u>CHANGE ONLY!</u>	<u>Ft Lauderdale, FL, 33314</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 10/3/19, 0

Marc Spring
Typed or printed name of signee