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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

RIECT: Suncoast Lighting Systems, 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:

Thais Fitzgerald

Name of Person

Suncoast Lighting Systems, LLC

Firm/Company

7035A SW 47th Street

Address

Miami, FL 33155

City/State and Zip Code

tfitzgerald@themisgroup.com

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

For further information concerning this matter, please call:

Thais Fitzgerald

Name of Person

305 666-4210 x 110

Area Code & Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suncoast Lighting Systems, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 08/24/2004	and assigned
Florida document number L0400062657		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	RESS)	-1 ty -1
		F6 5
		The first state of the state of
Enter new mailing address, if applicable:		Will W
(Mailing address MAY BE A POST OFFICE BOX)		TO THE LET
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ds, enter the name of the new
registered agent and/or the new registered office aut	ures nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	William Pino	7035A SW 47th Street	✓ Add
		Miami, FL 33155	Remove
			Add
			Remove
			<u>.</u>
			Add Remove
		1	
			Add Add
			Remove
			Remove
			Add
		· 	Remove

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
ated Nov	vember 6th 2012
	Mille I
	Signature of a member or authorized representative of a member
	William Pino
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SCORTARY OF STATE