L05000050536

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number))
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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 23 2018

COVER LETTER

	Registration Se Division of Cor			
CUDICA	Delta Light	USA LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please re	iturn all correspo	ndence concerning this matter	to the following:	
		Thomas Landrin		
			Name of Person	
		Delta Light USA LLC		
			Firm/Company	
		4850 W Prospect Road		
			Address	
		Fort Lauderdale FL 33309		
			City/State and Zip,Code	
		thomas.landrin@deltalight.	us to be used for future annual report notif	igation
For furth	ner information c	oncerning this matter, please ca	•	realion,
Thomas	Landrin		954 240 1815	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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)
	Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delta Light USA LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comparing Florida document number L05000050536	any were filed on 05/20/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	"or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	18 PE
		APR
		N ≥≥
Pater new modilion address if applicable		
Enter new mailing address, if applicable:		3 F
(Mailing address MAY BE A POST OFFICE BOX)		
	•	TATE OR ID
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
		lorida
	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>	Address	Type of Action
MGR	Mariana Schusterman	4850 W Prospect Road Fort Lauder	
			■ Remove
			Change
MGR	KRISTY COLEMAN	4850 W PROSPECT ROAD FORT LAUGER PALE, FL 33309	jX (Add
		PORT LAUVER MILE, 12 97707	□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change

				
				
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fective date, if other than the n effective date is listed, the date mute: If the date inserted in this bleument's effective date on the D	st be specific and cannot book does not meet the	e prior to date of filing applicable statutory	g or more than 90 days aft	tional) er filing.) Pursuant to 605.020 nis date will not be listed as
record specifies a delayed The 90th day after the rec		ut not an effect	ive time, at 12:01	a.m. on the earlier o
ted April 4th,	. 2018			
		4		
	Signature of a member of	r authorized represen	tativa of a mambar	

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Filing Fee: \$25.00