LOSOOOO 89923

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

Office Use Only



400336034954

11/04/19--01027--025 **1373.75

2019 NO Y - 4 PM 4: 00

OEC 1 0 2019

COVER LETTER

Division of Co	rporations		
SUDIECT.	Arti	stic Lighting, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gary B. Skewes		
		Name of Person	
		Firm/Company	
	8884 SW Fishermans	Wharf Drive	
		Address	
	Stuart, FL 34997		
	subtlelgt@att.net	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please c	all:	
Deanna Skewes		at (772) 678-6044 Area Code Daytime 3	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for ti	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)

MAILING ADDRESS:

; :

TO:

Registration Section

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



EVANS CRARY (1905-1968) LARRY E. BUCHANAN (1941-2012). EVANS CRARY, JR. (INACTIVE) JAMES L. S. BOWDISH † ; 4 LAWRENCE EVANS CRABY III WILLIAM F. CRARY II ‡ 🖪 R. MICHAEL CRARY STEVES D. BERES JENNIFER L. WILLIAMSON II W. SCOTT TURNBULL LINDA L. WEIKSNAR JEFFREY J. SAUNDERS AMY J. MONIZ ROBERT A. SHAFFER MICHAEL, J. CRISTOFORO MATTHEW L. WORSHAM

759 SW FEDERAL HIGHWAY, SUITE 106 STUART, FL 34994 TELEPHONE: (772) 287-2600

- * BOARD CERTIFIED CIVIL TRIAL LAWYER
 * BOARD CERTIFIED IN MILIAL TRIATS
- d extremely

 minerocontributed to see all extremely
- * FLORIDA SEPREME COUNT CENTIFIED CIRCLITE MEDIAFOR
- G F1 CHEIDA AL PREMI COL RECERTIFIED

 FAMILA MEDIATOR
- A PLORIDA SEPREME COURT QUALIFIED ARRITMATION.

 O OF COUNSEL

November 1, 2019

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Reinstatement and Amendment Documents for

Artistic Lighting, LLC (Document Number: L05000089923)

Dear Sir or Madam:

Our firm represents Artistic Lighting, LLC and in connection with the reinstatement and amendment of their limited liability company, enclosed please find the following:

- 1. Email from Division of Corporations rejecting online reinstatement application;
- 2. Original signed Limited Liability Company Reinstatement form; and
- 3. Original signed Articles of Amendment to Articles of Organization of Artistic Lighting, LLC with cover sheet changing its name to Artistic Lighting I, LLC.

Filing Fee Description	Amount
Reinstatement Fee	\$100.00
Annual Report Fee for 2011 - 2019 (\$138.75 x 9 years)	\$1,248.75
Amendment Fee	\$25.00
TOTAL	\$1,373.75

Also enclosed is our client's check in the amount of \$1,373.75 for the above-referenced filing fees and we request you return the file stamped copies to our attention at the address listed in the above letterhead.

If you have any questions or need additional information, please do not hesitate to contact me.

very truly yours

Lou Ann Rutkowski Corporate Paralegal to Lawrence E. Crary III, Esq. Enclosures

cc: Gary B. Skewes

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	ARTISTIC LIG	HTING, LLC	2	019:10"-4 PH 4:00
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appear: Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document number L05000089923	iability Company	were filed on	09/13/05	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company he	<u>re</u> :	
AR	TISTIC LIGHTING	G I, LLC		
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the de	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	8884 SW FISHE	RMANS WHAR	7
(Principal office address MUST BE A STREET ADD		STUART, FLOR	RIDA 34997	
Enter new mailing address, if applicable:			RMANS WHAR	7
(Mailing address MAY BE A POST OFFICE BOX)		STUART, FLOR	RIDA 34997	
B. If amending the registered agent and registered agent and/or the new registered o	•		our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:				
New Registered Office Address:	8884 SW FISH	IERMANS WHARI	:	
		Enter Flori	da street address	
	STUART		, Florid	la 34997
		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>	Type of Action
MGR	SKEWES, GARY B.	8884 SW FISHERMANS WHARF	
	STUART, FLORIDA 34997	□ Remove	
		■ Change	
		Add	
			□ Remove
		<u> </u>	Change
	_	Add	
			□ Remove
			□ Change
		_	Add
			□ Remove
	-	☐ Change	
		Add	
		□ Remove	
		□ Change	
		Add	
			Remove
			☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
n nec	day to a State of the American State of the same
(If an e Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
	Les De Sante
	Signature of a member or authorized representative of a member
	GARY B. SKEWES

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00