

LOS000116489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013 SEP 30 PM 12:40  
FALL ANNUAL MEETING  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT - 2 2013  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **LIGHT EMOTIONS DESIGN 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:

**STEVE CRIMI**

Name of Person

**LIGHT EMOTIONS DESIGN LLC**

Firm/Company

**4371 112TH TERRACE N.**

Address

**CLEARWATER, FL 33762**

City/State and Zip Code

**steve@titansusa.com**

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

For further information concerning this matter, please call:

**STEVE CRIMI**

Name of Person

at ( **727** ) **290-9897**

Area Code & Daytime Telephone Number

2013 SEP 30 PM 12:40  
TALLAHASSEE, FL ONLY

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**

**LIGHT EMOTIONS DESIGN LLC**

(Name 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 12/06/2005 and assigned  
Florida document number L05000116489.

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 end with 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)**

**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: GREGORY HOFFSTETTER

New Registered Office Address: 4371 112TH TERRACE N.

*Enter Florida street address*

CLEARWATER, Florida 33762  
*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

**MGR = Manager**  
**MGRM = Managing Member**

| <u>Title</u> | <u>Name</u>         | <u>Address</u>        | <u>Type of Action</u>                   |
|--------------|---------------------|-----------------------|---|
| MGRM         | GREGORY HOFFSTETTER | 4371 112TH TERRACE N. | <input checked="" type="checkbox"/> Add |
|              |                     | CLEARWATER, FL        | <input type="checkbox"/> Remove         |
|              |                     | 33762                 |   |
|              |                     |                       | <input type="checkbox"/> Add            |
|              |                     |                       | <input type="checkbox"/> Remove         |
|              |                     |                       |   |
|              |                     |                       | <input type="checkbox"/> Add            |
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|              |                     |                       | <input type="checkbox"/> Remove         |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

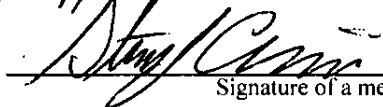
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Dated 9/24/2013



Signature of a member or authorized representative of a member

STEVEN J. CRIMI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 30 PM 12:40  
TALLAHASSEE, FL 32309



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2013

STEVE CRIMI  
LIGHT EMOTIONS DESIGN LLC  
4371 112TH TERRACE N.  
CLEARWATER, FL 33762

SUBJECT: AUTO DROP ZONE.COM, LLC  
Ref. Number: L05000116789

2013 SEP 30 PM 12:40  
TALLAHASSEE, FL 32314  
REGISTRATION DIVISION

We have received your document for AUTO DROP ZONE.COM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 413A00020856