# L0700013271

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:
W17-40	763	

Office Use Only



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2021 HAY 31 P 4: 26
SECRETARY OF STATE

D. BRUCE MAY 31 2017



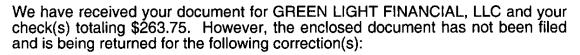
### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2017

KERY ALCE 5460 N STATE ROAD 7, SUITE 110 NORTH LAUDERDALE, FL 33319

SUBJECT: GREEN LIGHT FINANCIAL, LLC

Ref. Number: L07000013271



The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2015 through 2017; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

There is a balance due of \$277.50.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 617A00009556

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## **COVER LETTER**

TO: * Registration Sect Division of Corpo					
SUBJECT: <u>(Ar lea</u>	Light Fir	ancial L'UC ted Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.			
Please return all correspond	lence concerning this matter t	o the following:			
	Hery Alce	Name of Person		<del>.</del>	
		nt Financial,	LLC	-	
	5460 N Sta	te Road 7, Suith	د 110	-	
	North Lauder	dale FL 33319 City/State and Zip Code		ı	
		City/State and Zip Code  Code	ation)	2021 HAY 3	<u> </u>
For further information con	cerning this matter, please cal		\SSE <b>t</b>	ARY O	FILE
Kery Alce Name of P	erson	at (954) 816-2 Area Code Daytime T	278 Celephone Number	P 4: 26	Ö
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)	Certified	te of Status &	

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

	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on Feb 14, 2014 and assigned
Florida document number <u>L07000013271</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
Green light Financia	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	
	2021
	ACCEPT TO THE PROPERTY OF THE
Enter new mailing address, if applicable:	ASS
(Mailing address MAY BE A POST OFFICE BOX)	mc – m
	ORI II.
B. If amending the registered agent and/or registe	ered office address on our records <u>enter The name of the new</u>
registered agent and/or the new registered office addre	ess 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
<del></del>		<del></del>	Add
			☐ Remove
			☐ Change
			☐ Remove
		<u></u>	TALLAHASSEE, FLORIDA
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Filing Fee: \$25.00