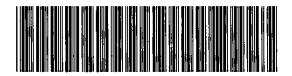
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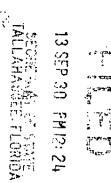
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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09/30/13--01029--016 **25.00



COVER LETTER

SUBJECT: USDOWSHED LIGHTLESS + LASTS 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: Name of Person
Distinguished Kitchens & Baths 178 Glades Road Boca Raton, FL 33432
City/State and Zip Code L-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{Certificate of Status}\$ Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$\text{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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number	10 0: 0000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
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 offi	SS
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address City City
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p.	ete performance of my duties, and I am familiar with and

If Changing Register Approx Signature of New Register

Page 1 of 3

being filed to merely reflect a change in the registered office address. Lhereby confirm that the limited liability

company has been notified in writing of this change.

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

M6RM CIMP MeMoures 178 6 CARRER ROW TO THE 33450 PH. 24	MGRM = Ma	naging Member				
TALLAHASSEE FLORIDA		Name CINDY	MeMunã	8 6 CAPER RATION, FI	_	Add Remove
TALL PLASE FLORIDA			,			Add Remove
PHI ZATE Z4					TALLAHA	Add Remove
					SEE FLORIDA	30 PK Add
						Add Remove
						Add Remove

f amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	9/21/13
-	AS WORM
	Signature of authorized representative of a member () AVM MeWall A M6Rn

Page 3 of 3

Filing Fee: \$25.00

13 SEP 30 PH I2: 24
SEURE NATIONATE
TAIL LABASSEE, FLORID