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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

the expension of the expension of a society

SUBJECT: LED Lig	ghting Southeast, LL	.c	
		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Murry A.Vance		
		(Name of Person)	
	Vance and Vance, LLC	•	
		(Firm/Company)	
	4-400		
	17402 Isbell Ln.	(Address)	
		(**************************************	
	Odessa, FL 33556		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
TO THE HOLIMATION	concerning and matter, prease c		
Murry A. Vance		at (727) 647-1561	
(Name of Person)		(Area Code & Daytime T	Celephone Number)
	•		
Enclosed is a check for t	he following amount:		Selephone Number) 7ALLAHASS
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LED Lighting Southeast, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u> </u>
(7.1.1.1.1		
The Articles of Organization for this Limited Liability	Company were filed on 08-25-2008	and assigned
Florida document number L08000080889	 -	
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the li	mited liability company here:	
LED Lighting of Florida, LLC		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		~~
		ARE CO
B. If amending the registered agent and/or reg	istered office address on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office a	<u>ldress here</u> :	SEE.
		ANIO:
Name of New Registered Agent:		
New Registered Office Address:		DA 0
	(Enter Florida stre	et address)
<u> </u>	, Florid	a
	(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)

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

			Dom area
			= -
			Domesta
			Add Remove
			- -
			Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if nece	2000 OCT 22 SECRETARY ALL AHASSE
			22 AM IO: 0 RRY OF STATE SSEE FLORID
Dated	10-19	<u>, 2008</u> .	
	Signature	of a member of authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00