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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

D. BRUCE
DEC 2 3 2008
EXAMINER

COVER LETTER

Division of Co	porations			
SUBJECT: SAFE L	ED LIGHTS, LLC		0	
		nited Liability Company)	-	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
	GERALD SCALA			
		(Name of Person)		
	SAFE LED LIGHTS, LL	С		
		(Firm/Company)		
	3650 S. BOBBI LANE S	UITE 105		
		(Address)		
	TITUSVILLE FLORIDA	32780	1	
		(City/State and Zip Code)	DEC HAS	Til.
	4 44		RY C	Printer.
For further information of	concerning this matter, please	call:	F S T	アニカフ
GERALD SCALA		at (954) 854-5901	3 ≥ ⊗	,
(Name	of Person)		ime Telephone Number)	•
		<u>.</u>		
Enclosed is a check for t	he following amount:			
	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,	

MAILING ADDRESS:

Certificate of Status

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status & Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SAFE LED LIGHTS, LLC			
(<u>Name of the Limited </u> (A	Liability Company as it nov Florida Limited Liability Co	v appears on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L08000107636</u>			and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability	y Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applica	ble:		A 0
(Principal office address MUST BE A STREET	ADDRESS)		EAR DE
Enter new mailing address, if applicable:			ARY OF SSEEL F
(Mailing address MAY BE A POST OFFICE B	(OX)	\$	7 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office addre ice address here:	ss on our records, enter the	name of the new
Name of New Registered Agent:	GERALD SCALA		
New Registered Office Address:	3650 S BOBBI LANE SU		
		(Enter Florida street addres	is)
	TITUSVILLE	, Florida <u>32780</u>)
	(City)		Zip Code)
New Registered Agent's Signature, if changing Re	egistered 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. Interest, 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 MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	CAROL E MCKENNA	1413 CREST DR	 Add
		TITUSVILLE FLORIDA 32780	Remove
MGRM	GERALD SCALA	5910 NW 63RD WAY	Add
		PARKLAND FLORIDA 33067	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if neces	sary.)

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	TABLED 40		FSTA FSTA
Dated <u>DECE</u>	× All		7 25
	Signature of a m	ember or authorized representative of a member	
	GERALD SCALA		
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00