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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LED FRANCHISING, L.L.C.

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OCT 0 3 2019

Audit Fax# # 190002933773

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LED FRANCHISING, L.L.C.		
(Name of the Limite	d Liability Company as it now appears on our records.) A Floride Limited Liability Company)	
The Articles of Organization for this Limited Lie Florida document number L09000076610	ability Company were filed on 08/10/2009	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of		2615 (
The new name must be distinguishable and contain the we	ords "Limited Liability Compuny," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)	
		<u> </u>
		رے
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, <u>er</u> fice address here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	, Florid	Zin Code
	City	Ell' COME

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

Audit Fax# #19002933773

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LED Systems, LLC	3101 FAIRLANE FARMS RD	D Add
		STE 4	🖹 Remove
		WELLINGTON, FL 33414	☐ Change
MGR	LAWRENCE GOLDEN	3101 FAIRLANE FARMS ROAD	S onlings
		STE 4	Remove
	·	WELLINGTON, FL 33414	□ Change
MGR	MARCEL FAIRBAIRN	3101 FAIRLANE FARMS RD	
		STE 4	⊖ ∴⊓ □ Remove
		WELLINGTON, FL 33414	□ Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change

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Rective date, if other than the case must be earlier to date in the date in the date in this blo locument's effective date on the De	of door intruct, the subject the subjection	41110 Marian	(optional) on 90 days after filing) ultrements, this date	Passum to 605: will red be liste	azón (13/b) U na the
ne record specifies a delayed The 90th day after the reco	effective date, but no ard is filed.	t an effective time	, at 12:01 a.m.	on the carlie	rof:
Duted SEPT O	2019	avived tepresentative of a	inclimer	. —	
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Page 3 of 3 Filing Fee: \$25.00