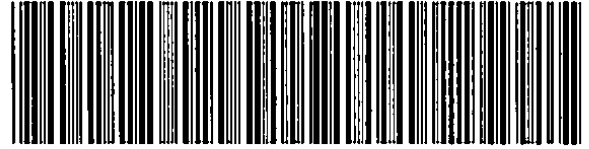


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600345027696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

05/28/20--01006--030 **25.00

Special Instructions to Filing Officer:

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2020 MAY 28 AM 9:44

Amend

JUN 18 2020
ALBRITTON

TO: **Registration Section
Division of Corporations**

SUBJECT: Light Custom Woodworking and Home Remodeling, 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:

Steven B. Light

Name of Person

Light Custom Woodworking and Home Remodeling, LLC

Firm/Company

8075 Blue Smoke Drive

Address

Tallahassee, FL 32312

City/State and Zip Code

light6clan@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia S. Light

850 728-4214

at ()

Name of Person

Area Code

Daytime Telephone Number

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)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

Light Custom Woodworking and Home Remodeling, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 5, 2010 and assigned Florida document number L0000001094.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

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2028 MAR 28 PM 9:44

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address 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 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
member	Jean Paul Finch	3255 Capital Circle N.E.	<input type="checkbox"/> Add
		Tallahassee, Fl. 32308	<input checked="" type="checkbox"/> Remove
		apartment 9A	<input type="checkbox"/> Change
member	Jean Paul Vinch	3255 Capital Circle N.E.	<input type="checkbox"/> Add
		Tallahassee, Fl. 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

the above amendment ~~is~~ for the purpose of removing Jean Paul Finch from the business

I entered 2 different spellings of his name. I previously requested an amendment to correct the spelling but just in case the amendment has not processed the correct spelling of his name is Finch not Vinch and this person needs to be removed. Thank you, Steven B. Light

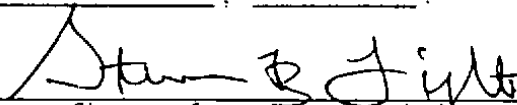
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 25 _____, 2020



Signature of a member or authorized representative of a member

Steven B. Light

Typed or printed name of signee