

L10000022664

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number: (850) 517-8180

From: Account Name: ECO LIGHTING, LLC
Account Number: 00000000012
Phone: (305) 973-1910
Fax Number: (305) 973-1910

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 18 AM 8:25

**Enter the email address for this business entity to be used to receive annual reports, notices, forms, only one email address please

Email Address: _____

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TALLAHASSEE, FLORIDA

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ECO LIGHTING LLC

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Corporate Filing Menu

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J. SAULSBERRY
EXAMINER 4/2011

OCT 19 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eco Lighting LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and Fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

Katrin M. Menier
Name of Person

LUXADD LLC
Firm/Company

999 Brickell Ave. Suite 600
Address

Miami, FL 33131
City, State and Zip Code

Email address (to be used for future correspondence)

For further information concerning this matter, please call:

Katrin M. Menier
Name of Person

305

373-7908

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$45.00 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 6027
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
3651 Executive Center Circle
Tallahassee, FL 32308

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 18 AM 8:25

FILE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Eco Lighting 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 03/01/2010 and assigned
Florida document number L10000022664

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office 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 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

City

Florida

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 609, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby affirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

FILED
2011 OCT 18 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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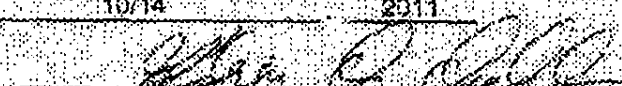
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records.

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRP	Katrin M. Mehler	595 Brickell Ave. Suite 500 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Katrin M. Mehler	595 Brickell Ave. Suite 500 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Date: 10/14 2011



Signature of a member or authorized representative of a member

Katrin M. Mehler
Typed or printed name of signer

Page 2 of 2
Filing Fee: \$25.00

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