Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

: (850)617-6383

From:

Account Name

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Fax Number : (323)962-3889

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEXPHASE LIGHTING LLC

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Corporate Filing Menu

Help

COVER LETTER

	ion Section of Corporations		
SUBJECT: NEX	PHASE LIGHTING LLC		
	(Name of Lin	nited Liability Company)	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	rrespondence concerning this matter	r to the following:	
	Barbara Dang		
		(Name of Person)	
	Legalzoom.com, Inc	(Firm/Company)	
	7083 Hollywood Blyd	d. Suite 180 (Address)	
	Los Angeles, CA 90	028 (City/State and Zip Code)	
For further informs	ation concerning this matter, please	call:	
Barbara Dang	Name of Person)	at (323) 962-8600 (Area Code & Daytime	Telephone Number)
Enclosed is a check	for the following amount:		
\$25.00 Filing F	ce \$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/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

10 JUN 24 AM 8: 46

ARTICLES OF AMENDMENT SECRETARY OF STATE ARTICLES OF ORGANIZAT

NEXPHASE LIGHTING LL Name of the Limite ed 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 04/30/2010. Florida document number 1 10000046386 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 "L.L.C." 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 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)

. . . .

MGR = Manager

To: Page 4 of 4

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:

	Name	Address	Type of Action
MGBM.	SCHARF, MICHAEL	6980 LONG LEAF DRIVE PARKLAND FL 30076 US	Add Remove
MGRM_	Dror Svorai	6980 LONG LEAF DRIVE PARKLAND FL 30076 US	Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if neces	sary.)
_			10 JU
			FILED 10 JUN 24 AM SECRETARY OF TALLAHASSEE
 Dated	June 9 , 20	010	

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Filing Fee: \$25.00