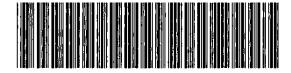
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(Re	equestor's Name)				
(Ad	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO: Registration S Division of Co	ection rporations	·	.			
in .T			and the second of the second o			
SUBJECT:	BARNER	LIGHTING LLC	more according the sample that have			
	Name of Limi	ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Lisa Barner				
		Name of Person				
		Barner Lighting LLC				
	Firm/Company					
2812 SE MONROE ST						
Address						
	QT.	UART FLORIDA 34997				
		City/State and Zip Code				
	hari					
ن از از در از	E-mail address: (nerlighting@yahoo.com to be used for future annual report notific	ation)			
For further information	concerning this matter, please of	ealle				
To future information	concerning this matter, prease c	,				
David Barner		at 1	15-8955			
Name	of Person	Area Code & Daytime Telephone Number				
		,				
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,			
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
		(additional copy is enclosed)	(additional copy is enclosed)			
24.11	ING ADDRESS.	CTDEET/COLDIE	D ADDDECC.			
	LING ADDRESS: tration Section	STREET/COURIE Registration Section				
Divisi	on of Corporations	Division of Corpora	tions			
	Box 6327	Clifton Building 2661 Executive Cen				
Tanan	nassee, FL 32314	Tallahassee, FL 323				
		· :				

ARTICLES OF AMENDMENT

	11	<i>)</i>				
ARTIC	CLES OF O	RGANIZATION	IF.	TLED.		
	O	F	12 MAR	19 PH 12: 05		
Barner Li (Name of the Limited)	9h+1/ Liability Compai Florida Limited L	ny as it now appears on clability Company)	(JAN ALLA	SEE ELORIDA		
The Articles of Organization for this Limited Lia Florida document number	ibility Company	were filed on8	/14/2010	and assigned		
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with L.L.C."	the words "Limi	ted Liability Company," t	he designation "LI	C" or the abbreviation		
Enter new principal offices address, if applicable:		1812 GREENLEAF LANE				
Principal office address MUST BE A STREET	(ADDRESS)	LEESBURG FLORIDA 34748				
nter new mailing address, if applicable:		1812 GREENLEAF LANE				
Mailing address MAY BE A POST OFFICE BOX)		LEESBURG FLORIDA 34748				
3. If amending the registered agent and/o registered agent and/or the new registered off			ecords, <u>enter th</u>	e name of the nev		
Name of New Registered Agent:	DAVID BAR	NER				
New Registered Office Address: 1812 GREENLEAF LANE						
	Enter Florida street address					
	L	EESBURG	, Florida	34748		
		City	· 	Zip Code		
New Registered Agent's Signature, if changing R	egistered Agent:					
hereby accept the appointment as registered	l agent and agr	ee to act in this capaci	ty. I further agre	ee 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

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

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action **MGRM** DAVID BARNER ✓ Add
☐ Remove LISA BARNER MGRM ☐ Add √ Remove ☐ Add Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 16th 2012 Dated Signature of a member or authorized representative of a member LISA BARNER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00