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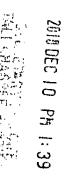
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J. SAULSBERRY EXAMINER DEC 13 2010

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TORCH LIGHTING LLC Name of Limited Liability Company	
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:	
Valerie Bowers Name of Person	
Valerie Bowers Name of Person Torch Lighting LLC Firm/Jompany	2010 DEC 10
531 NE 13 C+	o angula
Ff. Lauclerdale FL 33304 City/State and Zip Code Valerie 5010 live.com Valerie torch 1 E-mail address: (to be used for future annual report notification)	PH 1: 39
Valerie 5216 Live.com Valerie & torch / E-mail address: (to be used for future annual report notification)	ighting bollows
For further information concerning this matter, please call:	
Gild Lebenstein at (954 465 778) Name of Person at (954 465 778) Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$30.00 Filing Fee \$ Certificate of Status Certificate of Status & Certificate of	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

١	Or	
ORCH LIGHT (Name of the Limited Liabilia (A Florida	ty Company as it now appears on our labeled Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 9.1/	·/O and assigned
Florida document number <u>L10000094</u>	68/	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin	all حمهه nited liability company here:	
TORCH LIGHTING LEI	/	
The new name must be distinguishable and end with the wo "L.L.C."	ים יים ביים ביים ביים ביים ביים ביים בי	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	******************************	
(Principal office address MUST BE A STREET ADD	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 5
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		- CO
B. If amending the registered agent and/or regis	stered office address on our recor	·
registered agent and/or the new registered office add	<u>Iress here</u> :	<u>≽</u> , σ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a 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 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 <u>Title</u> **Address** Type of Action <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____/2.5.10 Signature of a member or authorized representative of a member Glad Lebenstein
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00