L1000099644

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

A. LUNT

FEB 14 2010

EXAMINER

Office Use Only



200193725392

02/10/11--01021--017 **25.00



COVER LETTER

Division of Co	orporations				
SUBJECT:	Lum	iscape, LLC			
		ited Liability Company	0.11.2		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		Kenneth Lyles			
Name of Person				and by	
					<u>.</u>
Firm/Company				A FEB	
		3026 Wister Circle		A SS.	- F
**************************************		Address			2 [
				HOJ.	5 –
	Valrico, FL 33596 City/State and Zip Code				ง ภ
	a	•			
	E-mail address: (yles74@hotmail.com to be used for future annual report notific	cation)		
For further information	concerning this matter, please of	call:			
1 /	oppoth Lules	040	404 EEQ4		
Kenneth Lyles Name of Person		at (813) Area Code & Daytime	431-5524 Telephone Number	<u></u>	
- 1			· · · · · · · · · · · · · · · · · · ·		
Enclosed is a check for	the following amount:				
√ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/COURIE	ER ADDRESS:		

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lumiscape	e, LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	_		
The Articles of Organization for this Limited Liability Company we Florida document numberL100099644 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	EGRETARY OF STATE LLAHASSEE, FLORAD, v company here:			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or	the abbreviation		
Enter new principal offices 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 registered agent and/or the new registered office address here:	e address on our records, enter the nam	ne of the new		
Name of New Registered Agent: New Registered Office Address:				
	Enter Florida street address	Enter Florida street address		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> <u>Name</u> <u>Address</u> **Type of Action MGMR** Kenneth Lyles 3026 Wister Circle ☐ Add Valrico FL 33596 ∇ Remove ☐ Add Remove Add Remove Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February Signature of a member or authorized representative of a member Kenneth Lyles

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee