## 1000010676

	equestor's Name)	
(Re	equestors Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	■ WAIT	MAIL
	siness Entity Nam	<u>a)</u>
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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C. LEWIS JUL 18 5011 EXAMINER

## COVER LETTER

>> Division of Co				
SUBJECT:	RIECT: A-LED-LIGHTS LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	abmitted for filing.		
Please return all corresp	condence concerning this matte	er to the following:		
		POLLY ANN MOYER		
		Name of Person	· ·	
	A-LED-LIGHTS LLC			
		Firm/Company		
		14750 Beach Blvd #41		
		Address	<del>.</del>	
	Jac	cksonville Florida 32250		
		City/State and Zip Code		
	E-mail address:	usrepair@yahoo.com (to be used for future annual report notif	ication)	
For further information	concerning this matter, please	call:		
Po	lly Ann Moyer	at ( 205 )	706-7711	
Name	of Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS:	STREET/COURI		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 JUL 15 PM 2 16

A-I	ED-LIGHTS LLC	SEC TALL	RETARY OF STATE
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)		AHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document numberL10000106762	Company were filed on	Oct 13 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	<b>2</b> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	PRESS)	.,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	A CONTRACTOR OF THE CONTRACTOR		
New Registered Office Address:			
	Enter Florida street address		
describer		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		

If Changing Registered Agent, Signature of New 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>	<u>Name</u>	Address	Type of Action
Pres.	Jennifer Ann Wells	14750 Beach Blvd. #41 Jacksonville Florida 32250	Add  Remove
	***************************************		Add
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necess	sary.)
 Dated	July 13	2011 .	2011 JUL 15 SECRETARY
	Signature of a p	dember or authorized representative of a member	YOF STATE
		Polly Ann Moyer Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00