

L11000009495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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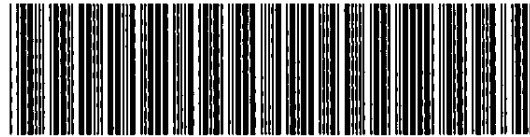
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EXAMINER



700239139357

08/31/12--01019--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 31 PM 3:38

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artic Illumination LLC
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:

Heriberto Perez
Name of Person

Artic illumination LLC
Firm/Company

1016 BALTIMORE Drive
Address

Orlando FL 32810
City/State and Zip Code

epielectricllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heriberto Perez at (407) 914-0688
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Artic illumination LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 01-21-2011 and assigned
Florida document number L11000009495.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2245 STONEMILL Drive
ORLANDO FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2245 STONEMILL Drive
ORLANDO FL, 32837

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:

SERGIO PITTA

New Registered Office Address:

2245 STONEMILL Drive

Enter Florida street address

Orlando

City

Florida

State

FL 32837

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

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>	<u>Type of Action</u>
MGRM	MASON, SEAN P	1846 Ashton Park Place ST. Cloud FL 34771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SERGIO PITTA	2245 STONEWILL Drive Orlando FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Heriberto PEREZ	1016 BALTIMORE Drive Orlando FL 32810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 08 - 29, 2012.

Signature of a member or authorized representative of a member
Heriberto Perez

Typed or printed name of signee