

L11000093273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

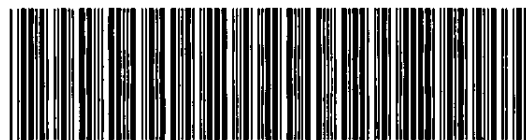
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100261315641

06/25/14--01013--004 \*\*25.00

CLERK OF COURT  
JANUARY 16, 2014  
JANUARY 16, 2014

2014 JUL 16 PM 1:58

FILED

JUL 16 2014  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2014

ESTHER KIMANI  
1444C SOUTH BELCHER ROAD, UNIT 100  
CLEARWATER, FL 33764

SUBJECT: LITEWORKS (USA) LLC  
Ref. Number: L11000093273

We have received your document for LITEWORKS (USA) LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 514A00013933

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 JUL 16 PM 1:58

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Liteworks (USA) 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:

**Esther Kimani**

Name of Person

**Liteworks (USA) LLC**

Firm/Company

**1444C South Belcher Road, Unit 100**

Address

**Clearwater, FL, 33764**

City/State and Zip Code

**esther@aurora.us.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Esther Kimani**

Name of Person

at **(727) 8201149**

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

FILED  
2014 JUL 16 PM 1:58  
TALLAHASSEE FLORIDA

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

Liteworks (USA) LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/05/2011 and assigned Florida document number L11000093273.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: Esther Kimani

New Registered Office Address: 1328 Dorothy Drive

Enter Florida street address

Clearwater, Florida 33764

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 605, 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**



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

---

---

---

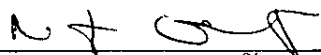
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07-14, 2014.



Signature of a member or authorized representative of a member

NICOLA COLBY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 JUL 16 PM 1:58  
CLERK OF STATE  
TALLAHASSEE FLORIDA