11000101606

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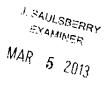
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		utions & Prom	ios, LLC
•	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jua	n Vargas	
		n Vargas Name of Person	
	Lighting.	Solutions + Pro	mos, LLC
		Firm/Company	
	10555 5	Scott Mill Rd.	2013 MAR -
	Jacksoni	ille, FL 32	&5 (
		City/State and Zip Code Watts @ hotmo o be used for future annual report notification	
	E-mail address; (t	to be used for future annual report notification	on)
For further information co	oncerning this matter, please c	all:	•
Juan Vo		at CONTROLL	904.813-9914
Name of	Person	Area Code & Daytime To	lephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	U\$60.00 Filing Fee, Certificate of Status & Certified Conv

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lighting Solutions & Promos, 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 Florida document numberL11000101606	were filed on9	6 2011 Es	and signed
		HASSY SAKY	HAR-4
This amendment is submitted to amend the following:			3
A. If amending name, enter the new name of the limited liab	ility company here:	20 20 20 20 20 20 20 20 20 20 20 20 20 2	± 5.
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company,"	the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	10555	Scott mill 1	Rd
(Principal office address MUST BE A STREET ADDRESS)	Jackson	ville, FL	32257
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10555 Jackson	Scott Mill wille FL	Rcl 32257
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the n	name of the new
Name of New Registered Agent:		* *************************************	.
New Registered Office Address:			
	Enter l	Florida street address	
		, Florida	
-	City	Zi	ip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Name Address Type of Action** 1581 Scarlet Ibis In Add Jacksonville, FL XRemo 32256 MGRM Anna Soloway Remove Remove

-	
	_
March	1, 2013.
March	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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