Division of Corporations Electronic Filing Cover Sheet

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(((H20000181020 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, FA

Account Number : I2000000168

: (727)322-0909

Phone

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZENON MG INTERNATIONAL HOLDINGS LLC

Certificate of Status	1
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JUN 1 6 2020

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## H20000 181 0703 ARTICLES OF AMENDMENT

### TO ARTICLES OF ORGANIZATION OF

ZENON MG INTERNATIONAL I				
(Name of the Limit	ed Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records,) any)	<del></del>	
The Articles of Organization for this Limited L	iability Company were filed o	n 10/25/2011	and assigned	
Florida document number LI1000121844	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability compar	ny here:		
FIRST LIGHT INVESTMENTS OF TAMPA BA	Y, LLC			
The new name must be distinguishable and contain the v	vords "Limited Liability Company."	the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applic	able:			_
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:			7 <u>2</u> 0	
(Mailing address MAY BE A POST OFFICE	BOX)			<del>•</del>
			#C <b>=</b>	
	<del></del> :			,
B. If amending the registered agent and/or a	registered office address on o	our records, enter the nam	e of the new reg	istered
agent and/or the new registered office addre	ss here:		1.03 1.18 1.03 1.03	
•				
Name of New Registered Agent:	DAVID C HASTINGS, CPA	A, PA		
New Registered Office Address:	2207 54TH ST S			
	Enla	er Florida street address		
	GULFPORT	, Florida <u></u> ,	707	
	City	<del></del> ,	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

470001810703

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ERMANNO SANTILLI	333 FOURTH AVE S	
		. ST PETERSBURG, FL 33701	
			□Remove
			□Change
			□Add
		□Remove	
			Change
			□Remove
		·	□ Change
			□Add
		∩Remove	
			Change
			\ \_Add
			Петоve
			□Change

...

# H200001810703

Note	ctive date, if other than the date of filing:  (optional)  (optional)  (frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the receivered is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	JUNE 15, 2020
Date	6 may 2 Con 1 Min
	Signature of a member or authorized representative of a member
	ERMANNO SANTILLI

Filing Fee: \$25.00