# L11000137869

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DILDEC 19 PM 3: 49
SECRETARY OF STATE

J. BRYAN

DEC 2 0 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S  Division of Co				
SUBJÈCT:	Flash Bode Name of Light	Shop LLC inted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
	Migue Flagh  8032  River	Name of Person  Name of Person  Body Firm/Compliny  78 + 4 5 + .  Address  Vicus FL 33  City/State and Zip Code	ASSEE FLORING	FILED PH 3: 49
For further information	concerning this matter, please	call:		
		ot ( )		
Name	of Person	at () Area Code & Daytime T	elephone 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 enclo	sed)

#### 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number <u>L.1.1</u> 000137869 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: New Registered Office Address:

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.

Page 1 of 2

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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
MGRM	Miguel Omar	9032 78th St Riverview, FL 33578	Add Remove
<u>NGB</u> M	Migvel Omar Rodriguez F.	803279+45+ RNEWIEW, FL 3957	Add ► Remove
<del></del>	<del></del>		Add Remove
			A Remove
	**************************************		ASSTAdd PREMOVE ST
			ORIDATE S
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
			<del>-</del>
— —			<u> </u>
Dated	X Miguel Red	authorized representative of a member	
-	Misus Typed or	1 Onar Rodrigus printed name of signee	z Pou.

Page 2 of 2

Filing Fee: \$25.00