- L/1000/38238

(Requestor's Name) (Address)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
DEC 28 2011			
EXAMINER			

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Office Use Only

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	ation Section a of Corporations	μ · ·	
SUBJECT:		TERNATIONAL,LLC ted Liability Company	
The enclosed Art	icles of Amendment and fee(s) are sul	pmitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
		Ivo Travnicek Name of Person	
			7211 TALL
		Firm/Company 1819 Main Street	17 IL
		Address	
	·····	arasota/Florida 34236 City/State and Zip Code	
For further inform	E-mail address: ()	Osignatureinter.com o be used for future annual report notifica	tion)
	lvo Travnicek		269490
	Name of Person	Area Code & Daytime T	elephone Number
	ck for the following amount:		
✓ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 2015 Secti
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMLIGHT INTERNATIONAL, LLC

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

The Articles of Organization for	or this Limited Liability Company were filed on	12/08/2011	and assigned
Florida document number	L11000138238		

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:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			يت: هي.	
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	· · · · · · · · · · · · · · · · · · ·	SSE SSE	27	<u>г</u>
Enter new mailing address, if applicable:				[]]]
(Mailing address MAY BE A POST OFFICE BOX)			<u>ب</u>	\Box
		E E	e n	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

New Registered Office Address:	Enter F	Iorida street address
		, Florida
	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 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, <u>enter the title, name, and address of each Manager</u> <u>or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Ivo Travnicek	1819 Main Street Sarasota 34236	_ ☑ Add _ ☐ Remove
MGRM	Michaela Dammova	8857 17th Ave Circle NW Bradenton 34209	_√ Add _□ Remove
MGR	Ivo Travnicek	1819 Main Street Sarasota_34236	Add ∕ Remove
			Add Remove
		ALENE TARY AHASSEE	- Hadd - Hermove - Hadd - Hadd - Hadd - Hadd
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary)	
	· · · · · · · · · · · · · · · · · · ·		-
 Dated	12/23.2011 Fro		
-	110	authorized representative of a member TRAVNICER	
		printed name of signee Page 2 of 2	

Filing Fee: \$25.00

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