- L12000001567

-				
(Requestor's Name)				
(Ad	dress)			
(Ad	dress)	· .		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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12 JAN 30 PM I2: 57
SECRETARY OF STATE

COVER LETTER

TO: Registration Section of Corpo			
SUBJECT:	Lighting Pro	fessional Detailing I Liability Company	
	Name of Limited	l Liability Company	
The enclosed Articles of An	nendment and fee(s) are submi	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Rando	PL J. COFTON Name of Person	
		Firm/Company	plailing
	1342	6 SUNSET VIEW Address	
,	Socrent	Address o, FL. 32776 City/State and Zip Code fai/ Q Rockef mai/. Com be used for future annual report notificati	ion)
For further information con-	cerning this matter, please call	· !:	
Randulph Name of Po	J. WF-70 N erson	at (354) VOF 88 Area Code & Daytime Te	60 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

·	OF	". ILEU	
		12 JAN 30 PM 12: 57	
(ight wing	Profesional	Derailyage LLC	
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appited Liability Company	Derailying LLC STATE CARS ON OUR PERSON OUR PEOPLES AHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Com			
	pany were med on	and assigned	
Florida document number <u>L1200000 7567</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited			
Lightning Profess The new name must be distinguishable and end with the words	ional Deta	they lec.	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Con	ipany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered		our records, enter the name of the new	
registered agent and/or the new registered office address	<u>: here</u> :		
Name of New Registered Agent:			
	-		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	, Florida Zip Code	
New Projectured Agent's Signature if changing Registered A	gent.		

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bandolph J. LoFton	23426 Sunset View Sorrento, FL 32776	Add ⊠ Remove
NGRM	Randolph J. LoFton	Sorrento, FL 32776	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang		FILED 12 JAN 30 PH 12: 57 SECKET HRY OF STATE STALL MARKSEEL EL COMA
Dated	January 24, 20 Randof	or authorized representative of a member	
	-	T. Corror	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00