

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7033

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TS LIGHT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -7 AM 8:04

100

APR - 8 2015

T. HAMPTON

H15000085783 3
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TS LIGHT 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 were filed on 03/01/2012

Florida document number L12000029440

FILED
15 APR - 7 AM '12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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) The 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:

Enter Florida 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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	SOBRINO, KARINA	2750 ne 183 st unit 608	<input type="checkbox"/> Add

Aventura, FL 33160 ☒ Remove

AMBR	SCHETTINI, LUIS ALBERTO	2750 NE 183 ST Unit 608	<input checked="" type="checkbox"/> Add
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Aventura, FL 33160 ☐ Remove

☐ Add

☐ Remove

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TALLAHASSEE FLORIDA

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D. If amend or any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date the document is filed by the Florida Department of State)

Dated APRIL 07, 2015

Signature of a member or authorized representative of a member

LUIS ALBERTO SCHETTINI

Typed or printed name of signer

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