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J. BRYAN
SEP - 5 2012
EXAMINER

COVER LETTER

TIL TIL
THE THE
Fee, f Status & py opy 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

living light		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L17006490</u> .9	_	11 / ZO12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li".L.C."	imited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		342 SEI
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		第 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter F	Torida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Ma	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Frank Civone	6549 cardnal crest court. Newport Rich FL, 34655	Add Remove
MGR	Tyler Alvarez	985 Highland Ave Unit 1381 tarpon spri FL, 34689	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			2912 SEP -4
Dated	8/30/2012 ,		AH 7: 43
		r or authorized representative of a magnifier	

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