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20 AM II: 47
2012 JUN 20 AM II: 47
AECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 2 1 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			•	
SUBJECT:	USA LED	SOLUTION LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	TALLAHASSEE, FLORIDA	
Please return all corresp	ondence concerning this matter	to the following:		
		Michael Schaefer	\$ 2 P	
		Name of Person		
		Name of Leison		
	l š	SA LED Solution LLC		
Firm/Company				
		Tuni Company		
		715 Sandra St.		
	Address			
Lehigh Acres, Fl. 33972				
City/State and Zip Code				
	Gera	ld.Braendler@t-online.de		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please of	call:		
Mic	chael Schaefer	at (239)	728-2731	
Name	Name of Person Area Code & Daytime Telephone Number		e Telephone 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	Section 10 Status & Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

USA LED SOL	UTION LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/14/2012	and assigned
Florida document number L12000079427			
This amendment is submitted to amend the following:			
This arrangement to submitted to arriotal the following.			
A. If amending name, enter the new name of the limited liabi	lity company her	œ:	A TO
			TIE JE 2
The new name must be distinguishable and end with the words "Limite	ed Liability Compa	ny," the designation	"LLC of the abbreviation"
"L.L.C."			FF. FLOT
Enter new principal offices address, if applicable:			79 7
(Principal office address MUST BE A STREET ADDRESS)			
		·····	7
Tratem near mailing address if annihable.			
Enter new mailing address, if applicable:		, , , , , , , , , , , , , , , , , , , 	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>ente</u>	the name of the new
registered agent and/or the new registered office address here	•		
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	En	ter Florida street a	ddress
		. Florida	

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.

City

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager sunaging remove being added or removed from our records:

MGR = Manager MGRM = Managing Member					
Title	name	<u> Áddress</u>	Type of Action		
MGRM	Gerald Braendler	3827 Silverbirch Way Lehigh Acres, Fl 33971	✓ Add Remove		
MGR	Michael Schaefer	715 Sandra St. Lehigh Acres, Fl. 33972	Add Add Remove		
MGRM	Michael Schaefer	715 Sandra St. Lehigh Acres, Fl. 33972			
			AddRemove		
			Add Remove		
	Market According to the control of t		Add Remove		
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	ry.)		
			FILED 2012 JUN 20 AM 11: 47 SECRETARY OF STATE ASEC FLORIDA		
Dated	Lahigh Acres ,	06/18/12.	DA L		
	Signature of a	member or authorized representative of a member			
		Michael Schaefer			
		Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00