L12000117487

(Re	questor's Name)	
(Ad	ldress)	
(Ād	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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EXMINITER

COVER LETTER

TO:	Registration S Division of Co						
SUBJE	CCT:	LGM ELI	ECTRICAL LLC				
		Name of Limi	ted Liability Company				
The end	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please 1	return all corresp	ondence concerning this matter	to the following:				
		SI	HARON TWENEBOAH				
			Name of Person	,			
TWENEE		OAH CPA AND ASSOC	IATE				
			Firm/Company				
		5460 N	N STATE RD 7, SUITE 1	20			
			Address				
		NORTH	H LAUDERDALE, FL 333	319	and the second	المالية	
			City/State and Zip Code		ÉÉ	72	
		LLOY	/DGM63@YAHOO.COM to be used for future annual report n	otification)		<u> </u>	
For fur	ther information	concerning this matter, please of	·	,	1.3388 14.04 15.04	2112 CT 29 AND 87	
	SHAR	ON TWENEBOAH	at (_ 954 ₎	739-4333	円の三	7.	•
	Name	of Person		time Telephone Number	<u></u>		
Enclose	ed 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 enclo	sed) Certified	te of Statu		
	Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COU Registration Se Division of Cor				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TRICAL LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our Liability Company)	records.)
•		
The Articles of Organization for this Limited Liability Compar	ny were filed on SEPTEME	BER 13, 2012 and assigned
Florida document numberL12000117487		
This amendment is submitted to amend the following:		
This anchament is submitted to amend the following.		
A. If amending name, enter the new name of the limited lia	bility company here:	,
LGM LIGHTING MA		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		> C3 (m)
(Principal office address MUST BE A STREET ADDRESS)		
		The Post remains
		SEC T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		10 T
		
B. If amending the registered agent and/or registered		ords, enter the name of the new
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da 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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add:
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessar	7
_	,		
_			
Dated	Will wer	mber or authorized representative of a member	
	S	HARON TWENEBOAH vped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00