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COVER LETTER

Division	of Corporations		
Ligi SUBJECT:	nting Design for the Performing Arts LLC		
SUBJECT:	Name of Limited Lie	bility Company	
The enclosed Arti	cles of Amendment and fee(s) are submitted	for filing.	
Please return all c	orrespondence concerning this matter to the	following:	
	Joseph P. Oshry		
		Name of Person	<u> </u>
	Lighting Design for the Performi	ng Arts LLC	
		Firm/Company	
	911 69th St. NW		
		Address	
	Bradenton, FL 34209-1242		
	City	State and Zip Code	
	joshry@tampabay.rr.com		F. 6
For further inform	E-mail address: (to be us	sed for future annual report notificatio	TANK DAN T
Joseph P. Oshry		941 792-7544 at ()	SSEC 12
	Name of Person	Area Code Daytime Tele	phone Number
Enclosed is a che	ck 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:

TO:

Registration Section

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

Lighting Design for the Performing Arts				
(<u>Name of the Limited Lia</u> (A Fl	ability Compar orida Limited L	y as it now appears on our records,) iability Company)		
The Articles of Organization for this Limited Liability Florida document number £12000130042	ty Company ·	were filed on October 11, 2012		and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	<u>limited liabi</u>	lity company here:		
Designed Lighting LLC				
The new name must be distinguishable and contain the words '	"Limited Liabili	ty Company," the designation "LLC" o	r the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	; ·	Address is the same as existing		
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered of		enter th	ne name of the ne
Name of New Registered Agent:	ame as existing	g registered agent and office address	s ====	
New Registered Office Address:		Enter Florida street address	SEGRETAR NELAHASSI	N T
		, Flori	08	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	·	105	Ö O
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete p ed agent as p	performance of my duties, and rovided for in Chapter 605, F	I am fai S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	No Change		Add
			□ Remove
			□ Change
			Add
			□ Remove
		 	☐ Change
			□ Add
			□ Remove
			☐ Change
			Add Remove
			SECRETARY OF STANDARD
			□ Remove
			Change
			Add
		2-2-1	□ Remove
			□ Change

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ote: If the	te, if other the date is listed, the date inserted in effective date of	n this block d	oes not m	neet the app	plicable sta	of filing or natutory filin	ore than 90 g requiren	days after ents, this	filings) Po date wil	irs uan t to I not be	605.020 listed a
e record s The 90th	specifies a c day after t	delayed effe the record i	ective d s filed.	ate, but	not an e	ffective	time, at	12:01 a	ı.m. on	the e	arlier (
Janua	ry 29, 2016			12:01 a.	m.						
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Page 3 of 3

Filing Fee: \$25.00