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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Green life lands caping & Lighting LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathenne June Name of Person
Breen Life Landscaping & Lighting UC
3800 Comine Drive
Orlando, FL 32803
City/State and Zip Code Khander@ Earth link. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kallerine June at (321) 352-7228 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy 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

(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 64.22, 2012 and assigned Florida document number L12000133885
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Lighting Pros LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." Enter new principal offices address, if applicable: Principal office 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 ne
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:
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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, and <u>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	
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. If amending any othe	r information, enter c	hange(s) here: (Attac	h additional sheets, if r	necessary.)	
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Effective date, if other (If an effective date is listed, Note: If the date inserte	r than the date of filing the date must be specific and d in this block does not n	d cannot be prior to date of i	filing or more than 90 days a	ptional) Outer filing.) Pursuant to 64 this date will not be like	05.0207 (3) Sted as the
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the record specifies a	a delayed effective or the record is filed.		ective time, at 12:0	1 a.m. on the earl	lier.of:
Dated	y 2741	2016		STATE LORIDA	- may -
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	Signature of a	member or authorized repr	esentative of a member		

Page 3 of 3

Filing Fee: \$25.00