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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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MAR 1 2 2015

COVER LETTER

TO: Registration Section Division of Corpora		,	
SUBJECT:	Name of Limite	d Light LLC ed Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	Maga	ie Brady Name of Person	
-	Time	and light LLC Firm/Company	
-	2425	5 2nd St. NW Address	
-	Naples	FL 34120 City/State and Zip Code	
	E-mail address: (10	be used for future annual report notificat	ion)
For further information conce	rning this matter, please cal	II:	
Magie R Name of Per	orady son	at (239) 287- Area Code Daytime Te	Ho77
Enclosed is a check for the fo	llowing 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:

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

TO ARTICLES OF ORGANIZATION OF

FILED

Timeand	Light 11C	SECRETARY AM 5:09
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Compa	any word filed on MINI I MA	NELAHASSEE FLORIDA
Florida document number <u>L12000139.318</u> .	iny were filed on 110 V · 1 / Q()	and assigned """
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	ability company here:	
The new name must be distinguishable and end with the words "Limited I	ighility Company," the designation "LLC" or	the abbreviation "L. I. C."
•	satisfy company, the designation liber of	the abbreviation B.B.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 registered agent and/or the new registered office address I		ter the name of the new
registered agent and/or the new registered office address i	<u>lei e</u> .	
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:

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 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 Changing Registered Agent, Signature of New Registered Agent

Authorized M	ember being added or removed from o	our records:	
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John Brady	2425 2nd St. NW Naples, FL 3412	Add ☐ Remove
			 □ Add
			☐ Remove
			Add Remove
			B 27 A 5. 09 Remove
			□ Add □ Remove

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Filing Fee: \$25.00