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K.S.N.Y EXAMINER APR -1

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LED GUYS LLC. 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:
Spyro MAKris Name of Person
Firm/Company
116 S. Orange AVE. Address
Orlando, FL 32801
SPEEMER & GMil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Soyo MAKris at (847) 833-1722 Area Code Daytime 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 & Certificate of Status □ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	ТО	
ARTICI	LES OF ORGANIZATION	ON A CONTRACT OF THE PROPERTY
	OF	2016 Hz []
LeD Guy	12.	ON 2016 HAR 28 AM 9: 56
(<u>Name of the Limited L</u>	ability Company as it now appears of orida Limited Liability Company)	n our records.) //ASSA DE S
The Articles of Organization for this Limited Liabiliforida document numberL1200014110	ity Company were filed on	11/6/2012 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	:
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
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 agent and/or the new registered office		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		Elovida
-	City	Florida 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

If amending or removed f	Authorized Person(s) authorized to mircom our records:	anage, enter the title, name, and address of each person being added
MGR = Ma AMBR = Au	inager ithorized Member	
<u>Title</u>	Name	Address Unit 3024 Type of Action
MGR	ERIC Castagne	304 E South Street XAdd Orlando, FL 32801 Remove
		Orlando, FL 32801 Remove
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an effective of the	date inserted in t	te must be specific his block does r	e and cannot not meet the	applicable	te of filing or m statutory filin	ore than 90 days	optional) after filing.) Pu s, this date wil	rsuant to 605.0207 inot be listed as t
ocument s e	effective date on t	ine Department	of State's i	ecords.				
record s	pecifies a del	ayed effective	ve date, l	out not ar	effective t	ime, at 12:	01 a.m. on	the earlier of
The 90th	day after the	record is fil	ed.					
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	3124114							
	3/24/14				MC	\		
ated	5/29/14	Signature	of a member	or authorized	d representative	of a member		

Page 3 of 3

Filing Fee: \$25.00