

L12000-151557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600255283106

01/15/14--01007--001 **30.00

FILED
2014 FEB 10 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB 10 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CPO Lighting

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:

Robert B. Davis

Name of Person

CPO Lighting, LLC

Firm/Company

P.O. Box 471

Address

Ponte Vedra Beach, FL 32004

City/State and Zip Code

snowsnake@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Davis

Name of Person

904 671-5158

at ()

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 &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2014

ROBERT B DAVIS
PO BOX 471
PONTE VEDRA BEACH, FL 32004

SUBJECT: CPO LEDS
Ref. Number: W14000003982

We have received your document for CPO LEDS and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 314A00001362

2014 FEB 10 PM 3: 19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CPO Lighting, LLC

(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 12/26/2012 and assigned Florida document number L12000151557.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CPO LEDs, LLC, 22A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4402 Old Salisbury Road

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32216

Enter new mailing address, if applicable:

P.O. Box 471

(Mailing address MAY BE A POST OFFICE BOX)

Ponte Vedra Beach, FL 32004

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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:

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

10 JANUARY

2014

Signature of a member or authorized representative of a member

ROBERT B. DAVIS

Typed or printed name of signee

FILED
2014 FEB 10 PM 3:19
STATE OF FLORIDA
TALLAHASSEE, FLORIDA