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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| MOVING SUBJECT: | LIGHTS USA, LLC | | |
| SUBJECT, | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | ALVARO PORRAS | |
| | | Name of Person | |
| | MOV | ING LIGHTS USA, LLC | |
| | | Firm/Company | |
| | 7101 North Miami Ave # | 101 | |
| | | Address | |
| | Miami, FL 33150 | | |
| | | City/State and Zip Code | |
| | deyanire@myburs.net | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please ca | all: | |
| DEYANIRE GONZALE | EZ . | 305 910-8081 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for th | ne 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| | IG LIGHTS USA, LLC | |
|---|--|--|
| (<u>Name of the Limited Liability</u> (A Florida Li | Company as it now appears on our records.) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Con Florida document number L13000054085 | mpany were filed on 04/12/2013 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | White the second | |
| (Principal office address MUST BE A STREET ADDRE. | <u>SS)</u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | - PMM-MARAPANA SERVICE - I | |
| | All | AND THE RESERVE OF TH |
| | | enter the name of the ne |
| | | enter the name of the ne |
| | | enter the name of the no |
| registered agent and/or the new registered office address Name of New Registered Agent: | | enter the name of the ne |
| registered agent and/or the new registered office addres | | enter the name of the ne |
| | ss here: | |

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

Page 1 of 3

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 |
|--------------|---------------------------------|----------------------------|----------------------------|
| MGRM | Carlos Andres Vallejo Pabon | 7101 North Miami Ave # 101 | |
| | | Miami, FL 33150 | Remove |
| | | | Change |
| AR | Mario Valencia | 7101 North Miami Ave #101 | |
| | | Miami, Fl 33150 | ■ Remove |
| | | * | Change |
| MGRM | Camilo Humberto Villegas London | 7101 North Miami Ave #101 | |
| | | Miami, FI 33150 | ■ Remove |
| | | 7101 North Miami Ave #101 | Change |
| MGRM | PULSO LLC | Miami, Fl 33150 | |
| | | | ☐ Remove |
| | | 7101 North Miami Ave #101 | Change |
| MGRM | Alfredo Villaveces | Miami, Fl 33150 | = Add |
| | | | □ Remove |
| | Alfredo Villaveces | TORE TARY | Change |
| | | FLORIDA | Remove Remove Remove |

| If amending any other i | nformation, enter change(s) here: (Attach additional sheets, if | enecessary.) |
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| (If an effective date is listed, the Note: If the date inserted i | nan the date of filing:(odate must be specific and cannot be prior to date of filing or more than 90 days in this block does not meet the applicable statutory filing requirements on the Department of State's records. | optional) after filing.) Pursuant to 605.0207 (3 s. this date will not be listed as th |
| the record specifies a c) The 90th day after t | lelayed effective date, but not an effective time, at 12:0 he record is filed. | 01 a.m. on the earlier of: |
| Dated July 07 | 2016 | in the extreme |
| | Alika Jan S | |
| | Signature of a member or authorized representative of a member | SAK O |
| - | ALVARO PORRAS Typed or printed name of signee | |
| | Typed of finited frame of signee | #: 2 |

Page 3 of 3

Filing Fee: \$25.00