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(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

TO:

Registration Section
, Division of Corporations

SUDJECT.

Efficient Lighting Technologies, 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:

Jose Trevino

Name of Person

Efficient Lighting Technologies, LLC

Firm/Company

12555 Orange Dr., Suite 4002

Address

Fort Lauderdale, FL 33330

City/State and Zip Code

jose.trevino@bpbridge.com

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

For further information concerning this matter, please call:

Jose Trevino

J305 790 9538

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Efficient Lighting Technologies,				
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on o la Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability	Company were filed on October	24, 2013 and assigned		
Florida document number L13000150140	·			
This amendment is submitted to amend the following:	:			
. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the v'L.L.C."	words "Limited Liability Company," th	e designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
<u> Principal office address MUST BE A STREET AD</u>	DRESS)			
		2813		
Enter new mailing address, if applicable:		AHASA DE TI		
Mailing address MAY BE A POST OFFICE BOX)		SET S		
		THE SECTION		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		cords, enter the name of the new		
telstered agent and/or the new registered office at	uui ess nei e.			
Name of New Registered Agent:				
New Registered Office Address:	Poston File	orida street address		
	Enter Filo			
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gameka Investments, LLC	19510 Highgrove Ln	Add
		San Antonio Tx 78258	Remove
MGRM	Gemeka Investments, LLC	19510 Highgrove Ln	_ _ ✓ Add
		San Antonio Tx 78258	Remove
			_ _
			Remove
		ALLABASSE	Z P move
		FLORIDA	Add Remove
			Add
			Remove

ir amending any other ini	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
-	
November 7	2013 /
ed 140vernber 7	
	Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member Ose Trevino

Filing Fee: \$25.00

FILED
2019 DEC -2 PM 4: 05
SECRETARY OF STATE
MATCHANASSEE FLORIDA