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TALLAHASSEE, FLORID

COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>Eff</u> i	csent Lighting Name of Lim	Technologies LLO ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jo	Se Trevino Name of Person	
	<u> </u>	T Americas LLC Firm/Company	,
	12555 Oran	nge Dr. Ste 4002 Address	
	_ Fort Laude	erdale, FL 333 City/State and Zip Code revino @ elt-US. (a to be used for future annual report notif	330
	E-mail address: (revino @ elt - US. (1) to be used for future annual report notif	om ication)
For further information co	oncerning this matter, please ca		
JOSE Name of	TYEVINO	at (<u>3</u> 55) <u>790</u> Area Code Daytime	9538 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	12/\$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 Lia	hting Technologies	LLC					
(Name of the Limited L. (A F	hting Technologies iability Company as it now uppears or lorida Limited Liability Company)	n our records.)					
The Articles of Organization for this Limited Liabil Florida document number		<u> 24 2013</u> and assigned					
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the	limited liability company here:						
ELT Americas	LLC						
The new name must be distinguishable and contain the words	"Limited Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable	·••						
(Principal office address MUST BE A STREET A	DDRESS)	20					
		58.3					
Enter new mailing address, if applicable:		R 20 TARY					
(Mailing address MAY BE A POST OFFICE BOX	K)						
		7: 7: 7: NO. 10: 10: 10: 10: 10: 10: 10: 10: 10: 10:					
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the ne					
Name of New Registered Agent:							
New Registered Office Address:	Fater Florida	street address					
	Enter Florida street address						
_	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
			☐ Change
			Add
			☐ Remove
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