Division of Corporations

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Division of Corporations Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE SMART LIGHT COMPANY, LLC

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COVER LETTER

	egistration S ivision of Co						
SUBJECT	The Smar	rt Light Company, LLC					
300000	,	Name of Lin	nited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	m all corresp	ondence concerning this matter	to the following:				
		Cheyenne Moselcy					
			Name of Person				
		Legalzoom.com, Inc.					
			Firm/Company				
		100 W. Broadway Suite	: 100	***			
			Address	 	ا الاستان الاستان	<u></u>	
		Glendale, CA 91210					
			City/State and Zip Code		() > ·	ປ ແຂວດ ພ	300 030
		jacobus.juan@gmail.con				- }	
		E-mail address: (to be used for future annual report notifi	ication)	<u> </u>		Ų
For further	information of	concerning this matter, please o	all:			<u> </u>	uz p
Imelda Va	asquez		323 962-8600 ex	a 7950	JAHE STATE	ો ?	
	Name o	of Person		Telephone Number			
Enclosed is	в check for t	he following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Co. (additional control of the control of	f Status & py		

MAIL.ING 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

(Name of the Limited Liability C	Dindany as it now appears on our records.	
(A Plorida Li	Company as it now appears on our records, mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 11/13/2013	and assigned
Florida document number L13000159542		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC"	or the abbroviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	55)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>V</i> ₀ Ω Ω V ₀ Ω V Ω V ₀ Ω V Ω
Enter new mailing address, if applicable:	·	Contact of the Contac
(Mailing address MAY RE A POST OFFICE BOX)		
		23
		ST N
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the new
Name of New Registered Agent:		· ————————————————————————————————————
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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 fumiliar 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

MGR = Manager

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:

AMBR = Authorized Member Title Name Address Type of Action **AMBR** José I. Jiménez Alameda de Andalucia 10 4A **☑** Add Antequera Malaga, Spain 29200 _□ Remove □ ∧dd □ Remove □ Add _□ Remove ည □ Remove _____ □ Remove

. If amending any	other information, ente	r change(s) here: (Att	tach additional sheets, if necessary.)
			,
			
Effective date, if (The effective date muthe date this document)	other than the date of files the specific, cannot be prior to ant is filed by the Florida Depart	ling; date of receipt or filed date ment of State)	(optional) and cannot be more than 90 days after
Dated	March 28	, 2014	
	J.M.	4-	
	Signature o	f a member or authorized re Juan Andres Jacol	
= · · · · · · · · · · · · · · · · · · ·		Typed or printed name	of signee

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