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B. BOSTICK
SEP 2 2 2014
***AMINER

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 ORGANIZATION OF

Lighting Be (Name of the Limit	ed Liability Compan (A Florida Limited Li	LC. v as it now appears	on our records.)		
· · · · · · · · · · · · · · · · · · ·	(A Florida Limited Li	iability Company)			
The Articles of Organization for this Limited Li Florida document number 1400184	• • •	were filed on	1/28/14	and a	ssigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company her	<u>e</u> :		
The new name must be distinguishable and end with the	words "Limited Liabi	lity Company," the de	esignation "LLC" or t	the abbreviation	"L.L.C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)			- 1	
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T				P -	ا
Enter new mailing address, if applicable:				, c.	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			<u>a</u> U	
					····
				्रानी	
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, <u>ent</u>	ter the name	of the new
Name of New Registered Agent:	Ray	the Pen	Ύ		
New Registered Office Address:	3505 (The have Enter Florid	a street address	D	
	_Sara	iota City	, Florida	3123 Zip Code	7
New Degistered Agent's Signature if shanging I	Dogistawad Agants	-		-	

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

MGR = Manager

	•	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rachel Fiore	3505 Cheshire Sq	🗆 Add
		Apt D	Remove
		Scrasota, FZ 34237	_
MGR	Rachel Perry	3505 Cheshire Sq.	Ø Add
		Apt D	Remove
		Socasota, PL 34237	
MGR	Gerald Perry	3505 Cheshire Sy	🗖 Add
	·	Apt D	□ Remove
,		Swasota, PL 34237	
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