L15000009496

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SEURETARY OF STATE. FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corpor				
	MENT LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	Andrew Gallagher		•	
		Name of Person		
	N Lightenment LLC			
		Firm/Company		
	920 SW 50th Ave			
		Address		
	Plantation FL 33317			
		City/State and Zip Code		
<u>.</u>	gallaghersolutions@g E-mail address: (to	mail.com be used for future annual repo	rt notification)	
For further information conc	erning this matter, please cal	il:		
Andrew Gallagher		754 234-2	2064	
Name of Pe	rson		Paytime Telephone Number	
Enclosed is a check for the for	ollowing amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified	te of Status &

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



N LIGHTENMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number <u>L15000009496</u>	bility Company were filed on 1/20/2	015 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	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 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 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:

MGR = Manager '
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Gallagher, Andrew J	920 SW 50th Ave	
		Plantation, FL 33317	Remove
AP	Gallagher, Andrew	920 SW 50th Ave	Add
		Plantation, FL 33317	_ ■ Remove
AP	Gallagher, Andrew	920 SW 50th Ave	Add
		Plantation, FL 33317	Remove
AP	Gallagher, Andrew J	920 SW 50th Ave	
		Plantaion, FL 33317	■ Remove
AP	Gallagher, Andrew	920 SW 50th Ave	Add
		Plantation, FL 33317	Remove
MGR	Gallagher, Andrew J, II	920 SW 50th Ave	
		Plantation, FL 33317	☐ Remove

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March 9 , 2015 Andrew J Callagher II	e date, if other than the	date of filing:	(optional)
March 9 , 2015 Andrew J Callagher II			anot be more than 90 days after
Andrew J Callagher II U	•		
Andrew J Callagher II U	viaich 9		
		Andrew J Gallagher II	
Signature of a member or authorized representative of a member			
Andrew J Gallagher II		Signature of a member or authorized represent	auve of a member

Page 3 of 3

Filing Fee: \$25.00