L15000019963

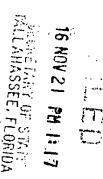
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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: <u>E</u>	NLIGHTENING TRANSLATI Name of Limi	ON, LLC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	М	ARIA CAMILA PULIDO	
		Name of Person	
	ENLIG	HTENING TRANSLATION, LL	C
		Firm/Company	
	121 SOUTH	HORANGE AVENUE SUITE 1	1500
		Address	
		ORLANDO/FL 32801	
		City/State and Zip Code	
		ido@Target-Translations.com	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information	n concerning this matter, please ca	ıll:	
MARIA	CAMILA PULIDO	at (407) 377 - 6374	
Nan	ne of Person		Telephone Number
Enclosed is a check fo	or 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

ENLIGHTENING TRANSLATION, 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 Liability Company were filed on JANUARY 23, 2015 and assigned L15000019963 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TARGET TRANSLATIONS & INTERPRETATIONS The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: . Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Citv 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		.	☐ Change
			□ Add
			☐ Remove
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Effective date, if other than the date of filing:	JANUARY 1, 2	2017	_ (optional)		
If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	be prior to date of filin applicable statutor	ng or more than 90 d	ays after filing.) Pur	suant to 60 not be lis	05,0207 sted as
	out not an effec	tive time, at 1	2:01 a.m. on	the earl	iier of
he record specifies a delayed effective date, b The 90th day after the record is filed.					
The 90th day after the record is filed.	S				
The 90th day after the record is filed.	·	<u>}</u>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00