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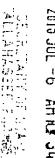
(F	Requestor's Name)			
(Address)				
(A	Address)			
(C	City/State/Zip/Phone#)		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name	,		
(Document Number)				
Certified Copies	Certificates of	f Status		
Special Instructions t	o Filing Officer:			

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COVER LETTER

TO:		stration Sect sion of Corpo	ion prations '.		-		
CUD IF		PublicLight,					
SUBJE	ici: _	Name of Limited Liability Company					
The end	closed	Articles of A	mendment and fee(s) are subt	mitted for filing.			
Please 1	return a	all correspond	dence concerning this matter	to the following:			
			Rainer Filthaut				
				Name of Person			
IRC Investor Services, LLC							
				Firm/Company			
			3838 Tamiami Trail North,	Suite 416			
			Address Naples, FL 34103				
			 				
			E-mail address: (t	to be used for future annual report notification	ation)		
For furt	ther inf	ormation cor	cerning this matter, please ca	all:			
Rainer	Filtha	ut		239 213-4000 at ()			
		Name of I	Person	at () Area Code Daytime T	elephone Number		
Enclose	ed is a	check for the	following amount:				
\$25	5.00 Fi	ling 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

TO ARTICLES OF ORGANIZATION OF

PublicLight LLC		
(<u>Name of the Limited I</u> (A f	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
the Articles of Organization for this Limited Liabil lorida document number		and assigned
his amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BO.</u>	<u></u>	
3. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ent</u> eaddress here:	er the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5 5 X
<u>-</u>	, Florida	5.7 ω
	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

$\underbrace{or\ removed\ from\ our\ records}_{.}:$

' MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Torsten Maehle	480 NE 30th Street #1705	
-		Miami, FL 33137	■ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
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			□ Add □ Remove
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Effectiv	we date, if other than the date excive date is listed, the date must be spe	of filing:	to data of Milana an annua than O	(optional) .	
Note:	If the date inserted in this block do	es not meet the applica	able statutory filing require	ments, this date will not	be listed as the
docume	ent's effective date on the Departm	ent of State's records.			
the rec	ord specifies a delayed effe	ctive date, but not	t an effective time, at	12:01 a.m. on the	earlier of:
) The	90th day after the record is	filed.			
Dated	June 29	2015			
			_ ·		
	Signat	ure of a member or autho	rized representative of a mem	ber	
		1			
	Jun Sun	()unl	JUN		
		Typed or printe	d name of signee		

Page 3 of 3

Filing Fee: \$25.00