# 1510000778

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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# **COVER LETTER**

TO: Registration Sect Division of Corpo			
SPOTLIGHT SUBJECT:	BILLING, LLC		
Septen.	Name of Lim	ited Liability Company	
	mendment and fee(s) are substance concerning this matter  CHRISTOPH  SPOTLIGHT  701 NORTHPOIN	to the following:  HER BARNETT  Name of Person  Firm/Company	<u> </u>
		D SPOT LIGHTBILLIA/6 To be used for future annual report notiff	
For further information cor	ncerning this matter, please ca	all:	T T
CATHY CAHIL	<u>'</u>	at (561) 299-3 Area Code Daytime	300Z 95 23
Name of I	'erson	Area Code Daytime	Telephone Number 7
Enclosed is a check for 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

SPOTLIGHT BILILNG, LLC		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L	iability Company were filed on JU	NE 3, 2015 and assigned
Florida document number L150000096778	·	
This amendment is submitted to amend the fol	owing:	
A. If amending name, enter the new name of	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STRE	ET ADDRESS)	
	<del>-</del>	2011 TALL
P-4		OCT 2
Enter new mailing address, if applicable:		SS 2
Mailing address MAY BE A POST OFFICE	<u></u>	
		2: 5 ORITI
B. If amending the registered agent and	or registered office address or	our records, safter the name of the
registered agent and/or the new registered o	ffice address here:	
Name of New Registered Agent:	JULIE W. ALLISON	
New Registered Office Address:	1814 NE MIAMI GARDENS DR	RIVE STE 801
- ····	Enter Flo	rida street address
	MIAMI	, Florida <sup>33179</sup>
	City	Zin 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 = M $AMBR = A$	Ianager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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lote: If t	ve date is listed, the date the date inserted in the 's effective date on the	nis block does no	ot meet the applic	able statutory fil				
	d specifies a dela Oth day after the			ot an effective	e time, at 12	2:01 a.m	, on th	e earlier o
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Page 3 of 3

Filing Fee: \$25.00