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## **COVER LETTER**

TO:	Registration Se Division of Cor			,
		SERVICES, LLC		
SUBJI	ECT:	Name of Lin	sited I fability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	;
		DANIEL F. MACCARRI	СК	
			Name of Person	
		HI LIGHT SERVICES, L	LC	
			Firm-Company	·····
		637 S. CHARLES RICHA	ARD BEALL BOULEVARD, SUITE	3
			Address	
		DEBARY, FL 32713		
			City State and Zip Code	<del></del>
		HILIGHTLLC@GMAIL.C		
			to be used for future annual report notifie	mon i
For fu	rther information co	incerning this matter, please c	all:	
DANIEL F. MACCARRICK		ICK	386 837-6255	•
	Name o	Person	386 837-6233 at ()	Telephone Number
Enctos	sed is a check for th	e following amount:		cation)
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TH LIGHT SERVICES, LLC

(Name of the Limited Liability Co (A Florida Limi	mpany as it nov	appears on our	records.)
(A Florida Linn	ted Liability Con	upany)	

The Articles of Organization for this Limited Liability Company were filed on 10/16/2015 and askigned Florida document number  $\underline{1.15000176383}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 的 [2] 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 Cin New Registered Agent's Signature, if changing Registered Agent: Thereby 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.

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If Changing Registered Agent, Signature of New Registered Agent

TR = N 1BR = A	lanager athorized Member		
<u>le</u>	Name	Address	Type of Action
1BR	TREVOR L. CHILDS	2508 ARSLAN ST	Add
		DELTONA, FL 32738	□ Remove
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			AJd
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amending any other information, enter change(s) here: (Attach additional sheets, if no	4
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cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01	1 a.m. on the <b>e</b> arlie <mark>r</mark> o
The 90th day after the record is filed.	
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Daniel F mas Carrier	
Daniel F. Mac Carrick Typed or printed name of signee	
	10: ts

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