L15000183200

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D. SCOTT FEB 9 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2017

GEORGE STOLL 5487 INDIGO CROSSING DR ROCKLEDGE, FL 32955

SUBJECT: ILLUMINATION, LIGHTS, & DESIGN LLC

Ref. Number: L15000183200



We have received your document for ILLUMINATION, LIGHTS, & DESIGN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 2 0F 3 AND 3 OF 3 ARE MISSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 017A00001821



COVER LETTER

| Division of Corpor | |
|--------------------------------|--|
| SUBJECT: | MERRY & BRIGHT, LLC Name of Limited Liability Company |
| | |
| The enclosed Articles of Am | endment and fee(s) are submitted for filing. |
| Please return all corresponde | ence concerning this matter to the following: |
| | George Stoll Name of Person Merkey & Bright, LLC Firm/Company |
| | Name of Person |
| | MERRY & BRIGHT, LLC |
| | Firm/Company |
| | 5487 INDIGO CROSSING DR |
| | Address |
| | Rockieroge, Fi. 32955 City/State and Zip Code Lightup brevard equail. Com. E-mail address: (to be used for future annual report notification) |
| | City/State and Zip Code |
| - | E-mail address: (to be used for future annual report notification) |
| For further information conc | erning this matter, please call: |
| George | son at (321-) 210-5066 Area Code Daytime Telephone Number |
| Name of Pe | |
| Enclosed is a check for the fo | ollowing amount: |
| \$25.00 Filing Fee | \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

| ILLUMINATION, LIGH | ats, & DESIGN, LLC |
|---|---|
| (Name of the Limited Liability Company (A Florida Limited Lia | r as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company w | vere filed on October 28, 2015 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabili | ity company here: |
| MERRY & BRIGHT LLC | , |
| The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | (SAME AS BEFORE) 548\$ INDIGO CROSSING DR |
| | ROCKLEDGE FL 32955 |
| 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 here: | |
| Name of New Registered Agent: | 73.7 |
| New Registered Office Address: | Enter Florida street address Florida |
| | City Zip Code 2 |
| New Registered Agent's Signature, if changing Registered Agent: | 2:1 |
| hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p | |

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Ma $AMBR = Au$ | nnager ithorized Member | | |
|----------------------------------|--|--|---------------------------|
| <u>Title</u> <u>Me</u> MGR | | Address 5487 INDIGO Crossing Rockledge, FL 32955 | |
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Filing Fee: \$25.00