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(Re	equestor's Name)	
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(Ci	ity/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration So Division of Cor			
	_	t Design LLC		
SUBJ	ЕСТ:	Name of Lim	nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Kathleen Dunagan		•
			Name of Person	
		North Light Design LLC		
			Firm/Company	
		2426 Windsor Way Ct		
		*************************************	Address	
		Wellington, Florida 33414		
			City/State and Zip Code	
		Kkennedy713@aol.com		· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Kathle	een Dunagan		203 219-2802 at ()	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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)

TO:

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

North Light Design 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 _______ and assigned Florida document number L15000189978 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 "LTC." 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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kathleen Baldwin	PO Box 558 Millerton, NY 12546	🗆 Add
		· · · · · · · · · · · · · · · · · · ·	■ Remove
			Change
O	Kathleen Dunagan	2426 Windsor Way Ct Wellington FL 33414	
			Remove
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			□ Add ^{©©}
			Remove-
			تن دن Change □
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ective date, if other than the effective date is listed, the date muse: If the date inserted in this burnent's effective date on the I	st be specific and cannot be prior to date of filing or mor ock does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
record specifies a delaye he 90th day after the re	d effective date, but not an effective tir ord is filed.	me, at 12:01 a.m. on the earlier of
April 24	, 2017	
Kauale	Signature of a member of Authorized representative of	fa member
	Signature of a member of philorized representative of	i d member

Page 3 of 3

Filing Fee: \$25.00



KATHLEEN DUNAGAN NORTH LIGHT DESIGNALC 203 214-2602

2926 WINDSUR WAYCI

WELLINGION, FL. 33911

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company NORTH LIGHT DESIGN LLC

Filing Information

Document Number

L15000189978

FEI/EIN Number

44-8507471

Date Filed

11/10/2015

State

FL

Status

ACTIVE

Principal Address

2426 WINDSOR WAY

WELLINGTON, FL 33414

Mailing Address

13833 WELLINGTON TRACE

WELLINGTON, FL 33414

Registered Agent Name & Address

DUNAGAN, JOHN C

2426 WINDSOR WAY

WELLINGTON, FL 33414

Authorized Person(s) Detail

Name & Address

Title AMBR

DUNAGAN, KATHLEEN 2426 WINDSOR WAY

WELLINGTON, FL 33414

Title O

= REMOVE

& REMOVE

DUNAGAN, KATHLEEN 2426 WINDSOR-WAY WELLINGTON, FL 33414

Title AMBR

BALDWIN, KATHLEEN

P.O. BOX 558. MILLERTON, NY 12546

Annual Reports

Report Year

Filed Date

2016

03/11/2016

2017

02/15/2017

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