116 0000 08665

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | Ì |
| | | |

Office Use Only



200311038052

03/28/18--01018--007 **25.00

FILED

18 MAR 28 PH 1: 02

SECRETARY OF STATE
SECRE

K. SALY MAR 3 0 2018

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------------|------------------------------------|--|---|---|
| | | | a Luz, LLC | |
| SUBJI | ECT: | | | |
| • | | Name of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | | Sonia Becerra | |
| | | | Name of Person | |
| | | | Swyft Filings, LLC | |
| | | | Firm/Company | |
| | | 12 | 605 East Freeway, Suite 540 | |
| | | | Address | |
| | | | Houston, Texas 77015 | |
| | | | City/State and Zip Code | |
| | | | filings@swyftfilings.com | · · · · · · · · · · · · · · · · · · · |
| _ | | | to be used for future annual report notif | ication) |
| For fur | rther information c | oncerning this matter, please co | all: | |
| | Sonia B | | at (877) 777-045 Area Code Daytime | |
| | Name o | f Person | Area Code Daytime | : Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | |
| ⊠ \$2 | 5.00 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

Ser La Luz, LLC

| | FILED |
|--------------|-----------------|
| 18 | HAR 30 |
| JALLA | TETARY OF STATE |
| <u>ds.</u>) | TOPLE, ALORIDA |

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) 01/12/2016 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number __ L1600008665 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 "L.L.C." or the abbreviation "L.L.C." 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: LegalCorp Solutions, LLC Name of New Registered Agent: 3440 W Hollywood Blvd. Suite 415 New Registered Office Address: Enter Florida street address

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.

City

Hollywood

Travis (raptree, UBC)
Leagh Corp Schulichs, LC
If Changing Registered Agent. Signature of New Registered Agent

_. Florida _

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 $AMBR = A$ | lanager authorized Member | FILED | |
|--------------------|------------------------------|---|----------------|
| <u>Title</u> | Name | Address SECRETARY OF STATE TALLAHASSEE, FLORIDA | Type of Action |
| | | FALLAHAS REE, FLORIDA | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | · | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | 🗖 Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |

| | FILED |
|--|--|
| | |
| | FILED 18 MAR 28 PM 1: 02 SECRETARY OF STATE FALL MIASSEE, FLORIDA |
| | TALL ALLASSES STATE |
| | - ORIDA |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ······································ |
| | |
| | |
| | |
| | |
| | |
| fective date, if other than the date of filing: | (optional) ing or more than 90 days after filing.) Pursuant to 605.0207 (3) |
| ote: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records. | |
| canicity's effective date of the Department of State's records. | |
| record specifies a delayed effective date, but not an effective | ctive time, at 12:01 a.m. on the earlier of: |
| The 90th day after the record is filed. | carre and, at 12.01 o.m. on the carrier or. |
| | |
| ted March 24 2018 | |
| | |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00