Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000068643 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIGHTING STRIKES LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Division of C	Corporations				
SUBJECT:	TING STRIKES LLC				
SUBJECT:	Nume of Limited Liability Company				
The enclosed Articles	of Amendment and fec(s) are submitted for filing.				
Please return all corre	espondence concerning this matter to the following:				
	Cheyenne Moseley				
	Name of Person				
	Legalzoom.com, Inc.				
	Firm/Company				
	100 W. Broadway Suite 100				
	Address				
	Glendale, CA 91210				
	City/State and Zip Code				
	pelliottusmc@comcast.net				
	E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, please call:				
Imelda Vasquez	squez 323 962-8600 ext 7950				
Nan	ne of Person Area Code Daytime Telephone Number				
Enclosed is a check for	or the following amount:				
□ \$25.00 Filing Fee	c C \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



LIGHTING STRIKES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	mpany were filed on 01/28/2016 and assigned
Florida document number L16000019634	•
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	a document number L16000019634 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: ming Strikes LLC w name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." mew principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new cred agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Ener Florida street address
Lightning Strikes LLC	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	Cay Lay 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

GR = M MBR = A	anager utborized Member		
itle	Name	Address	Type of Action
			□ Add
			□ Келюче
		4	Remove
			PD Add
			09
			□ Remove
			□ Add
			□ Remove
			D Add
			☐ Remove

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. If amen	nding any other information, enter change(s) here: (Attach additiona	al sheets, if necessary.)
_		
(The office	ve date, if other than the date of filing:	(optional)
the date t	this document is filed by the Florida Department of State) NATE of 16 12 2915	
	Signature of a mounts or authorized representative of	a member
	Typed or printed name of signoe	

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