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(Re	questor's Name)	
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COVER LETTER

	Registration Se Division of Cor			
SIIDIEC		RODUCTIONS, LLC		
SUBJEC	T:		ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Michael Wright		
		***************************************	Name of Person	
			Firm/Company	
		16227 Wind View Ln		
			Address	
		Winter Garden, FL 34787		
		mwright145@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further	er information co	oncerning this matter, please c	all:	
Michael			407 267-1072 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

mandmproductions, llc			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on Feb. 4th, 2016	and assigned
Florida document number L16000024266	*		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
Arc Light, LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	16227 Wind View Ln	
(Principal office address MUST BE A STRE	ET ADDRESS)	Winter Garden, FL 34787	
Enter new mailing address, if applicable:		16227 Wind View Ln	
(Mailing address MAY BE A POST OFFICE	(BOX)	Winter Garden, FL 34787	
			- 5
			1 2 -
B. If amending the registered agent and			7.00
registered agent and/or the new registered o	office address ner	<u>e</u> :	20 %
27 5 7	Michael Wrigh	1	F R IT
Name of New Registered Agent:			r - r -
New Registered Office Address:	16227 Wind Vi		2: 5 ORIL
		Enter Florida street address	,
	Winter Garden	, F10F1Q8	2ip Code
		City	Lip 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

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mandi Wright	8118 Red Crossbill St	
,		Winter Garden, FL 34787	■ Remove
			☐ Change
	70		□ Add
			☐ Remove
		#1	Change
	**************************************		☐ Add
			Remove 20 Change
			Remove
			Change
			Add
		***************************************	Remove
			Change
	***************************************		Add
		********	□ Remove
			Change

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etive date, if other than the date of filing:	irements, this date will not be li
ecord specifies a delayed effective date, but not an effective time, e 90th day after the record is filed.	at 12:01 a.m. on the ear
d July 7, 2016.	

Page 3 of 3

Filing Fee: \$25.00