

9/30/24, 11:02 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA LIGHTING MAINTENANCE, LLC

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M. SOLOMON

OCT--1 2024

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA LIGHTING MAINTENANCE, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA FLORES

Name of Person

ROCK FUSCO & CONNELLY, LLC

Firm/Company

333 W. WACKER DRIVE, STE. 1900

Address

CHICAGO, ILLINOIS 60606

City/State and Zip Code

PSANMARTIN@RFCLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA FLORES

312

970-3405

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SEP 30 2024  
TALLAHASSEE, FL

2024 SEP 30 PM 3:16

FILED

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA LIGHTING MAINTENANCE, 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 MARCH 31, 2016 and assigned  
Florida document number L16000062280.

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 "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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MATTHEW CHARLES HAYNER	886 PACKINGHOUSE ROAD	<input checked="" type="checkbox"/> Add
		SARASOTA, FLORIDA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
SARASOTA, FL

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2024 SEP 30 PM 3:18  
SECTION OF STAT.  
TALLAHASSEE FL

2024 SEP 30 PM 8:16  
SECTION 05 STAT  
TALLAHASSEE FL

7-11-68

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated            SEPTEMBER 18           

2024

Signature of a member or authorized representative of a member

JOHN M. MACHAY, MANAGER

Typed or printed name of signee

**Filing Fee: \$25.00**