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## · COVER LETTER-

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LED Cost F	ree, LLC				
	Name of Lim	nited Liability Company			
Articles of A	Amendment and fee(s) are sub	omitted for filing.			
all correspon	ndence concerning this matter	to the following:			
	Eric Mitchell Goodman				
		Name of Person		<del></del>	
	LED Cost Free , LLC				
	<u></u>	Firm/Company			
	600 W Las Olas Blvd			7 2	
		Address		TITO J	77
	Fort Lauderdale FL 33312			UH 2	
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1		561 870-2	2744		
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	Articles of Andicorrespond	Name of Lin  Name of Lin  Articles of Amendment and fee(s) are substituted all correspondence concerning this matter  Eric Mitchell Goodman  LED Cost Free , LLC  600 W Las Olas Blvd  Fort Lauderdale FL 33312  ledcostfree@gmail.com  E-mail address: (ormation concerning this matter, please concerning this matter, please concerning the matter of Person  Scheck for the following amount:  In Same of Person  Scheck for the following amount:  In Same of Person	Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  All correspondence concerning this matter to the following:  Eric Mitchell Goodman    Name of Person	Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Bull correspondence concerning this matter to the following:  Eric Mitchell Goodman  Name of Person  LED Cost Free , LLC  Firm/Company  600 W Las Olas Blvd  Address  Fort Lauderdale FL 33312  City/State and Zip Code  ledcostfree@gmail.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Numbers of Status  Certificate Copy  (additional copy is enclosed)	Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Built correspondence concerning this matter to the following:  Eric Mitchell Goodman  Name of Person  LED Cost Free , LLC  Firm/Company  600 W Las Olas Blvd  Address  Fort Lauderdale FL 33312  City/State and Zip Code  ledcostfree@gmail.com  E-mail address: (to be used for future annual report notification)  Benail address: (to be used for future annual report notification)  Area Code  Daytime Telephone Number  check for the following amount:  ting Fee  \$30.00 Filing Fee & Certificate of Status Certified Copy  Certificate of Status Certified Copy  Certificate of Status & Certificate of Sta

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

LED Cost Free, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our rented Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 6/15/2016	and assigned
Florida document number 812956685		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he 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:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>'S)</u>	
		7 20 T
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		Mar 13 m
		974 <b>9</b> 2
<ol> <li>If amending the registered agent and/or registere registered agent and/or the new registered office address</li> </ol>		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ıddress
		_, 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>	Address	Type of Action
MGR	Beth Pleeter		Add
		600 W Las Olas Blvd Apt 307 Ft Louderdale	■ Remove
			Change
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Effective date, if other than the	date of filing	<b>!</b>			(optional)	D	- (05 0207 (
f an effective date is listed, the date mu Note: If the date inserted in this b	st be specific and lock does not m	cannot be prior neet the applic	to date of filing able statutory i	or more than 90 da iling requirement	iys after filmg.) i nts, this date w	rursuant i	e listed as t
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ne record specifies a delayed The 90th day after the rec		ate, but no	t an effectiv	re time, at 12	2:01 a.m. o	n the e	earlier of:
Dated 6/21		2016	·				
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	Signature of a n	nember or author	orizea representa	uive of a member			

Page 3 of 3

Filing Fee: \$25.00