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COVER LETTER

Division of Corporations Limelight Real Estate LLC SUBJECT: 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: Debbie Raveling Name of Person Limelight Real Estate Firm/Company 11601 Innfields Dr. Address Odessa, FL 33556 City/State and Zip Code debbielimelight@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debbie Raveling Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS:

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

TO

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ity Company as it now appears on our records a Limited Liability Company)	
Company were filed on 1/4/2017	and assigned
ited liability company here:	
nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
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RESS)	
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stered office address on our records, lress here:	enter the name of the nev
Fixer Florida street address	
Flo	rida Zıp Code
	ited liability company here: ited Liability Company." the designation "LLC" RESS) Enter Florida street address Flo

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	
AMIDD -	Authorizad	١,

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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Page 3 of 3

Filing Fee: \$25.00