## L17000057817

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>: #)</del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





400300709614

06/26/17--01037--005 \*\*25.00

IT JUN 26 PM 3: 27 SECRETARY OF STATE ALL MASSEE, FLORID

S. WARREN JUN 2 9 2017

## **COVER LETTER**

	Registration Sec Division of Corp			
cup iec	Limez & Lig	ghtz, LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Ladell Holmes		
			Name of Person	
		L. HOLMES AND ASSOC	CIATES	
			Firm/Company	
		13808 Herons Landing Wa	зу	
			Address	<u> </u>
		Jacksonville, FL 32224		
			City/State and Zip Code	
		prophecy61@gmail.com	, , , , , , , , , , , , , , , , , , , ,	
		E-mail address: (	to be used for future annual report notifi	cation)
For furthe	er information co	ncerning this matter, please ca	all:	
Ladell Ho	olmes		904 451-1099 at ( )	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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)

· TO:

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

Limez & Lightz, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000057817	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
L. HOLMES AND ASSOCIATES LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13808 Herons Landing Way 5
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32224
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
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 agr	ee to act in this capacity. I further agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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 accument 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 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** Title Name **Address Type of Action** \_□ Add □ Remove \_□ Change ☐ Remove Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove mange ☐ Remove \_ Change

	-2211149					
	<del>_</del> .					
	<del></del>					
<u></u>						
-			<del>-</del> ··-			
	· · · · · · · · · · · · · · · · · · ·					
					<del>-</del>	
			···········		···	·····
		····				
				<del>-</del>		
		<u></u>				
				<del>" · · · · · · · · · · · · · · · · · · ·</del>		
ctive date, if other th	nan the date of filir	3/13/2017 ng:		(	(optional)	
ctive date, if other the effective date is listed, the effective date inserted in	date must be specific ar	nd cannot be prior	to date of filing or	more than 90 day	s after filing.) I	oursuant to o
iment's effective date of	on the Department of	State's records	,	g roquitoment	o, and date w	111 1100 00 1
ecord specifies a d	delayed effective the record is filed	date, but no 1.	t an effective	e time, at 12:	:01 a.m. o	n the ea
ie <del>y</del> uth day after t						] [w] <b>-</b>
06/24/2017					1:	
od 06/24/2017		_,			*** **********************************	7 100
od 06/24/2017	dll Hil	-,	_· >		ALCapro	JUN 2
od 06/24/2017	All Hel	a member or auth	Drized representati	ve of a member		<u> </u>

Page 3 of 3

Filing Fee: \$25.00