L17000088621

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

SUBJECT: TAM		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Lance Wil	Mane of Person	
	I Am Light	+ Empowerment Firm/Company	LIC
	by an ho	deigh St. #31	01
	Chlando,	City/State and Zip Code	
	management E-pail address: (to	o be used for future annual report notifica	la colm. com
For further information cor	ncerning this matter, please ca	II:	
Lance Wrigh	+-Malcolm Person	at (407) 6560 - 9 Area Code Daytime To	3657 Elephone 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

TO:

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**

IAMLIGHT EMPOWERMEN	
tstame of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L170008621</u> .	were filed on 420 17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
IAMLIANT MUSIC ELC	
The new name must be distinguishable and contain the words "Limited Liabili	<u>-</u>
Enter new principal offices address, if applicable:	What haleigh 54. #3101
(Principal office address MUST BE A STREET ADDRESS)	prlando, Fr 32835
	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	orlando, Fr. 13835
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address
	, Florida
	City Zip Code
lew Registered Agent's Signature, if changing Registered Agent:	

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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>	Name	Address	Type of Action		
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(If an effective Note: If the	date, if other than the date of e date is listed, the date must be specied date inserted in this block do is effective date on the Departm	eific and cannot be es not meet the a	oplicable statutory fi	r more than 90 days after	ional) er filing.) Pursua is date will no	nt to 605.0207 t be listed as
the record) The 90	I specifies a delayed effe th day after the record is	ctive date, bu s filed.	t not an effectiv	e time, at 12:01	a.m. on the	e earlier of
Dated	March 22	Carl	ol9.	The Majority	a Scot	?w)
	Lan	00 Wx	i Ght - N	alcolm		

Page 3 of 3

Filing Fee: \$25.00