

217000114351

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2017 JUN 22 PM 4: 16  
SECRETARY OF STATE  
TALLAHASSEE, FL ORIDA

K SALY  
JUN 23 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sisters IN Power, 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:

Leannie Prince  
Name of Person

Firm/Company

194 Iron Horse Lane  
Address

Davenport, FL 33837  
City/State and Zip Code

Lprince06@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leannie Prince at (784) 859-4759  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Sisters In Power LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/23/17 and assigned Florida document number L17000114351.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~The L.I.G.H.T. Brand, LLC~~ The L.I.G.H.T. Brand, LLC  
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)

Same as original

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as original

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

\_\_\_\_\_  
City Florida 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>
AP Authorized Person	Esther Camille	3814 Pebble Brook Court	<input checked="" type="checkbox"/> Add
		Coconut Creek, FL	<input type="checkbox"/> Remove
		33073	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 IN ALACHUA COUNTY, FLORIDA

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

To be clear, I, Leonnie Prince, am the owner, Esther Camille is an employee. Hopefully I gave us the right titles :)

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CLERK, DEPT. OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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 June 3, 2017.

Leonnice Prince  
Signature of a member or authorized representative of a member

Leonnice Prince  
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2017

LEONNIE PRINCE  
194 IRON HORSE LANE  
DAVENPORT, FL 33837

SUBJECT: SISTERS IN POWER, LLC  
Ref. Number: L17000114351

We have received your document for SISTERS IN POWER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is T14000000863 "THE LIGHT" , (Trademark).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 917A00011864

RECEIVED  
2017 JUN 22 PM 12:08  
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