

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200310941112

03/26/18 -01010--007 **25.00

2018 HAR 26 PM 1:41

Med 27 2010 J SHIVERS

COVER LETTER

TO:	Registration S Division of Co			
SHRI	ECT:	LIGHTPOINT, LLC.		
3003	EC.1.	Name of Lim	ited Liability Company	
The e	nclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
		ANDREA FERR	EIRA	
			Name of Person	
		ASSURED ACCOL	INTING AND TAX	
			Firm/Company	
		3 <u>350 NW 22ND TER</u>	STE 200B	
			Address	
		POMPANO BEACH	, FL 33069	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		SERKANMIAMI@C	SMAIL.COM to be used for future annual report	notification
E C	1			nottication)
For fu	other information	concerning this matter, please ea	all:	
AND	REA FERRE	IRA	at (954) 793	-0353
	Name	of Person		ytime Telephone Number
Enclo	sed is a check for	the following amount:		
∑ \$2	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)
		LING ADDRESS: Iration Section	STREET/CO Registration So	URIER ADDRESS:

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

bility Company as it now appears on our records.) rida Limited Liability Company)
ниа иниси планицу Сопрану)
y Company were filed on JUNE 16, 2017 and assigned
·
:
imited liability company here:
Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
DRESS)
gistered office address on our records, enter the name of the ddress here:
TASK AR T
35 20 T
Enter Florida street address 🔀 🖯 🖯
Florida ST

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
AMBR	SEA SPARKLE TRADING LLC	4406 PARK EDEN CIR	Add
		ORLANDO, FL 32810	■ Remove
			Change
	•		
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

	 			
	171		. , .	
			·	
				
			وهند. م	Na.
				2018
A				AR
			HASS	≅ 2
			rm -<	
				_
			SIAIE LORID	
			<u> </u>	<u>:</u>
			4	
ffective date, if other than the date of an effective date is listed, the date must be specifote: If the date inserted in this block does becument's effective date on the Departmen	fic and cannot be prior to da not meet the applicable	e of filing or more than	(optional) 90 days after filing.) Purs ements, this date will i	uant to 605.02 10t be listed
e record specifies a delayed effecti The 90th day after the record is fi		effective time, a	t 12:01 a.m. on t	he earlier
. <u> </u>	2018			
ated MARCT21				

Typed or printed name of signee