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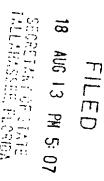
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ONS 2016

COVER LETTER

TO: Registration Se Division of Cor		·	
SUBJECT: RU	re light Com	incd DLC Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mia Cumm	Name of Person	
	Blue Light	Coning LLC	<u> </u>
	12103 NW 19+	5 Street Address	
	Plantation s	FL. 33323 City/State and Zip Code Daol.Com to be used for future annual report notifi	
	E-mail address:	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
Ma Cuma Name o	Parson	at (<u>954</u>)5 <u>99 -</u> Area Code Daytime	9507 Telephone Number
Enclosed is a check for th	ne 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:

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

TO ARTICLES OF ORGANIZATION OF

Blue light Coming LLC	
(A) while have been company.	
The Articles of Organization for this Limited Liability Company were filed on The Florida document number LIDOO149170	2/2817 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	产第二 一
The new name must be distinguishable and contain the words "Limited Liability Company," the design	mation "LLC" or the abbreviation "LTC."
Enter new principal offices address, if applicable:	
Principal office address MUST 25 & STREET & DEVESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	ur records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Essar Florale	र उद्याप्ताहर दर्जानी मार्क
	, Florida
City	Zip Code
2. Company of changing Degistered Agent	

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 695, 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 hamily company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MOR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Phillip & Cummings, H)	7544 NW 47th drive Cral Arings FL. 33067	X Add
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated (8/9/18) August 9th. 2018.	
- Mia Cunnings	Signature of a member of authorized representative of a member	.1
- MIG CARRIAGE	11/2	
	- 414 (MMAG)	

Page 3 of 3

Filing Fee: \$25.00