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| Special Instructions to I | Filing Officer:   |           |
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### **COVER LETTER**

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| TO: Registration Se        |                                  | •   | •  |
| Division of Cor            | rporations                       | .•  |  |
| SUBJECT:                   | RKHURST OUTDOOR L                | LIGHTING LLC  |  |
|                            | Name of Lim                      | ited Liability Company                                |  |
|                            |                                  |   |  |
| The enclosed Articles of   | Amendment and fee(s) are sub     | mitted for filing.                                    |  |
| Please return all correspo | ondence concerning this matter   | to the following:                                     |  |
|                            |                                  |   |  |
|                            | GARY F.                          | ARKHURS T Name of Person                              |  |
|                            |                                  | Name of Person  |  |
|                            | PARKHURST                        | NUTDOOR LIGHTING                                      | LLC  |
|                            |                                  | OUTDOOR LIGHTING Firm Company                         |  |
|                            | 5431 Tw                          | N CREEKS DRIVE  |  |
|                            |                                  | Address   |  |
|                            | VALRICO                          | FL 33596<br>City/State and Zip Code                   |  |
|                            |                                  | City/State and Zip Code                               |  |
|                            | gary (a)                         | parkhurstout door lighti                              | ng. Com  |
| For further information of | concerning this matter, please c | all:  |  |
| GARY.                      | PARKHURST                        | at ( <u>484</u> ) <u>169 - 5</u><br>Area Code Daytime | 5191   |
| Name (                     | of Person                        | Area Code Daytime                                     | : Telephone Number   |
| Enclosed is a check for t  | he following amount:             |   |  |
|                            | ☐ \$30,00 Filing Fee &           | ☐ \$55.00 Filing Fee &                                | □ \$60.00 Filing Fee,  |
|                            | Certificate of Status            | Certified Copy (additional copy is enclosed)          | Certificate of Status &<br>Certified Copy<br>(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

| PARKHURST OUT<br>(Name of the Limited Lia<br>(A Flo  | bility Company as it now appears on our record   | <u>(5.</u> )                   |
|--|--|--------------------------------|
| The Articles of Organization for this Limited Liability  | y Company were filed on                          | and assigned                   |
| Florida document number <u>L/7000 202 951</u>  | . <u>.     </u> '                                |                                |
| This amendment is submitted to amend the following   | :  |                                |
| A. If amending name, enter the new name of the I   | imited liability company here:                   |                                |
| 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 AD  | DRESS)   | 2 2 7                          |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                |  | 5 HI II OF                     |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a |  | s, enter the name of the new   |
| Name of New Registered Agent:  |  |                                |
| New Registered Office Address:   |  |                                |
|  | Enter Florida street addres                      | S                              |
| <u> </u>   |  | orida                          |
|  | City   | 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> | Name           | Address                | Type of Action |
|--------------|----------------|------------------------|----------------|
| MGR          | GARY PARKHURST | 5431 TWIN CREEKS DRIVE | DAdd           |
|              |                | VALRICO, FL 33596      | □ Remove       |
|              |                |                        | ☐ Change       |
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| i effective date is li    | ther than the date of filing:ted, the date must be specific and cannot be prior             | to date of filing or more than 90 days | optional) after filing.) Pursuant to 605.02       |
|                           | serted in this block does not meet the applicate date on the Department of State's records. | ible statutory filing requirements     | this date will not be listed                      |
|                           |   |  |   |
|                           | es a delayed effective date, but not  | t an effective time, at 12:            | 01 a.m. on the earlier                            |
| ne <del>S</del> uth day i | fter the record is filed.   |  |   |
| ted <u>//-9-</u> ;        | 2017  |  |   |
|                           | Agenture of a member or autho   | <u> </u>                               |   |
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Page 3 of 3

Filing Fee: \$25.00