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NI ID IT	All Souther	m Lights L.L.C.					
SUBJE	Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Daniel Trengrove					
			Name of Person				
			Firm/Company				
		2115 SE 34th Street					
			Address				
		Ocala, FL 34471					
			City/State and Zip Code	.			
		allsoutherntrades@gmail.co					
		E-mail address: (to be used for future annual report notifi-	cation)			
For furth	her information o	oncerning this matter, please ca	all:				
Daniel T	Frengrove		352 497-4666 at ()				
	Name o	f Person		Telephone Number			
Enclose	d is a check for the	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL SOUTHERN LIGHTS L.L.C.	Community name of the control of the	de)
(Name of the Limited Liability) (A Florida L.)	Company as it now appears on our recor imited Liability Company)	<u>us.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on 11/29/2017	and assigned
Florida document number L17000245018	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
All Southern Trades L.L.C.		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRE.	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address		ds, enter the name of the
Name of New Registered Agent:		
New Paristand Office Address:		
New Registered Office Address:	Enter Florida street addre	255
	, F	lorida
	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, <u>enter the title, name, and address of each person_being added</u> . <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Katherine Arellano	2115 SE 34th Street	
		Ocala, Fl. 34471	Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
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			Change
		.	Remove
			Change
			□ Remove
			☐ Change

fective date, if other than the date of filing: In 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 605.9207 date. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ecument's effective date on the Department of State's records. The goth day after the record is filed. Signature of a member or authorized representative of a member Daniel Trengowe		
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recetive date, if other than the date of filing:	_	
recetive date, if other than the date of filing:		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filled. Signature of a member or authorized representative of a member		
n 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 det: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as current's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signature of a member or authorized representative of a member	_	5 × 5
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ted July 9 Signature of a member or authorized representative of a member	n effec o <u>te:</u> If	tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Signature of a member or authorized representative of a member		
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· · · · · · · · · · · · · · · · · · ·		Signature of a member or authorized representative of a member
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