LISCOULTE 94

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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2020 MAY -5 AMII: 03
SECRETARY OF STATE
TALL ALLOSSES FOR DELICATION

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:S	elalight Ph Name of Limit	10tOgraphy ted Liability Company	1
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Brittan	Name of Person	
	Sealight	Phutuarapk Firm/Company	<u>1</u>
	77276 Ci	Obblestine Brig	10
	Yule,	FLOVIDA S City/State and Zip Code	2097
	Slalle E-mail address: (to	photology of the used for future annual report notific	
For further information co	oncerning this matter, please cal	И:	
Bn Havi	Powe 11	at (904) 312 - Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
X \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<u> </u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	regords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>니문DCOC로(60의닉</u>	y were filed onOl	29 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial Sthany Powell Phi The new name must be distinguishable and contain the words "Limited Liab	Hography	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		202) HAY SECALT
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		77 25 1 25 25 25 25 25 25 25 25 25 25 25 25 25
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	<u>। । । । । । । । । । । । । । । । । । । </u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered 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 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 for removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional) days after filing.) Pt	irsuant to 6	505.0207 (
e: It the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at he 90th day after the record is filed.	12:01 a.m. on	the ear	lier of:
ed		, ,	1
Signature of a member or authorized representative of a memb	2, ,) 201-	1101	VT
BnHay Pavell, AMBR Souligh		カズゴ	ハーナーフ・ (ご)

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