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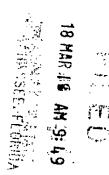
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: There She Goes Lighting + Manne Service, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joelle Schulte Name of Person
Law office of Joelle Schultz, LC Fim/Company 135555 automobile BIVd., Swite 300
13555 automobile BIVd., Suite 300
Clearweter to 33762 City/State and Zip Code
E-mail address: (to be) sed for future annual report notification)
For further information concerning this matter, please call:
Joelle Schultz at 727 571-1300 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$30.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (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

There She goes Lighting + Marine Service, Lic (Name of the Limited Liability Contrany as it now) appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (Company were filed on 3/6/18	and assigned
Florida document number L1800059	298	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	•
There She Glows L The new name must be distinguishable and contain the words "Lin		re Service, L
Enter new principal offices address, if applicable:	the designation level of	ine addreviation (b.E.C.
(Principal office address MUST BE A STREET ADD)	RESS)	
	•	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our records e	ter the name of the new
registered agent and/or the new registered office add		Or the new
Name of New Registered Agent:		
New Registered Office Address:		₹ 9
	Enter Florida street address	34
	, Florid	·
	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 Title Name **Address Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change Remove FIORNIA ̈ΰρ ☐ Remove ☐ Change □ Add _□ Remove

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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 9 ote: If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to ments, this date will not be	605,020 listed as
record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	: 12:01 a.m. on the ea	rlier o
nted March 13, 2016		
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Page 3 of 3

Filing Fee: \$25.00