Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LITEFOOT, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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JUN 29 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Litefoot, LLC		
(Name of the United Liability Company us it new a (A Florida Lamied Lability Comp	ppears on our records.) any)	
	on 3/26/2018	and assigned
(Name of the Limited Liability Company us it now appears on our records.) (A Florida Limited Liability Company)		
A. If amending name, enter the new name of the limited liability compa	ny 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:		<u> </u>
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·		<i>₽</i> -:
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		2018 and assigned Con the abbreviation "L.L.C." 20 20 20 20 20 20 20 20 20 20 20 20 20 2
		<u> </u>
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ss on our records, <u>ent</u>	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	ter Florida street address	
	, Florida	
Cup		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
Auth Rep	Alan Rutner	5300 Broken Sound Blvd., NW #110	
		Boca Raton, Florida 33487	□ Remove
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Sote: If the date inserted in this block does not meet the applicable locument's effective date on the Department of State's records.	e statutory thing requirements, this date will not be	HNC
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	in effective time, at 12:01 a.m. on the ea	arlie
June 28 // 2018		
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	itetz, Manager	

Page 3 of 3 Filing Fee: \$25.00