

L18000099199

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((I120000324542 3)))



H200003245423ABCW

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BE LIGHT GROUP, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

SEP 19 2020

VILL

2020 SEP 17 PM 2:42

SEP 17 PM 8:44

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION 2017 17 FEB 8:44  
OF**

**BE LIGHT GROUP, L.L.C.**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/23/2018 and assigned  
Florida document number L18000099199

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**BE LIGHT GROUPL, L.L.C.**

The new name must be distinguishable and end with 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 ADDRESS)**

19801 E COUNTRY CLUB DR

BLDG 4 APT 403

AVENTURA, FL 33180

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

19801 E COUNTRY CLUB DR

BLDG 4 APT 403

AVENTURA, FL 33180

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

DUBIN, JULIO DANIEL

**New Registered Office Address:**

19801 E COUNTRY CLUB DR, BLDG 4 APT 403

Enter Florida street address

AVENTURA

City

Florida 33180

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DUBIN, DANIEL	19701 E COUNTRY CLUB DR	<input type="checkbox"/> Add
		UNIT 5-605	<input checked="" type="checkbox"/> Remove
		AVENURA, FL. 33180	
MGR	DUBIN, DANIEL	19801 E COUNTRY CLUB DR	<input checked="" type="checkbox"/> Add
		BLDG 4 APT 403	<input type="checkbox"/> Remove
		AVENTURA, FL. 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

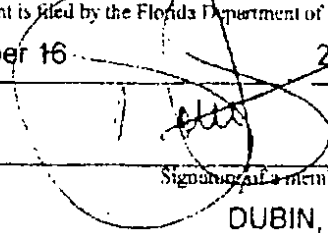
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated September 16, 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DUBIN, DANIEL

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00