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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE LIGHT GROUPL, L.L.C.		
(Name of the Limited Llability (A Florida	y Company as it nosy appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000099199</u>	ompany were filed on 04/23/2018	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limb	ted liability company here:	
BE LIGHT GROUP, L.L.C.		
The new name must be distinguishable and end with the words "Lim	nited 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 ADDR	ESS)	<u></u>
		+3 7.72
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3 5.
muning analess mar bis a reserved		
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, <u>er</u> ress here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 amending the Managers or Authorized Member on our records, enter the fitle, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		<u> </u>	Remove
			☐ Remove
			Remove
		<u> </u>	D Add
			□ Rетюч <del>е</del>

Tective date, if other than the date of filing:	(optional)
Tective date, if other than the date of filing:  Le effective date must be specific, cannot be prior to date of receipt or filed date  Le effective date must be specific, cannot be prior to date of receipt or filed date	(optional) and cannot be more than 90 days after
he date this document is filed by the Florida () epartment of State)	(optional) and cannot be more than 90 days after
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he date this document is filed by the Florida () epartment of State)	(optional) and cannot be more than 90 days after
ated September 17	
ffective date, if other than the date of filing:  se effective date must be specific, cannot be prior to date of receipt or filed date  the date this document is filed by the Florida Department of State)  ated  September 17  Signature of a member of authorized re-	

Page 3 of 3

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