## L18000 119730

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

4.

LED TECH	H MIAMI LLC		
	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	NATHALI DEMIEN		
		Name of Person	·
		Firm/Company	
	2440 W 60ST PO.BOX 161632		
		Address	
	HIALEAH FL 33016		
	LEDTECHMIAMI@GMA		
Combania Compation a		to be used for future annual report notific	cation)
turmer information c	concerning this matter, please concerning this matter, please concerning this matter.	dit;	
Uathali Name o	Demun of Person	/	1515 Telephone Number
osed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LED TECH MIAMI LLC	A V N TI
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	AHASSEE, FLORIDA
he Articles of Organization for this Limited Liability Company were filed on	and assigned
lorida document number	47 IIDA
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable:	
*	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our recor	rds, enter the name of the new
gistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addi	ress
	Florida Zip Code

w Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
∕IGR	ABEL DEMIEN	7814 W 18TH LANE MIÄMI FL 33014	
			■ Add
			□ Remove
			☐ Change
			Add
			□ Remove
		<del></del>	☐ Change
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			Remove
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		10/28/2019	ı		
Tective date, if other than effective date is listed, the ote: If the date inserted ocument's effective date	in this block does r	not meet the applic	able statutory filin	(optio ore than 90 days after t g requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as t
record specifies a The 90th day after			ot an effective t	ime, at 12:01 a	m. on the earlier of
OCTOBER 28		2019	<del></del>		
		NA			
<del></del>	Signature	of a member or auth	orized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00